


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 05, 2005 08:00 AM
Secretary of State**

DOCUMENT # A93000001437							
1. Entity Name SCHICK FAMILY LIMITED PARTNERSHIP							
Principal Place of Business 7791 BENT GRASS COURT LARGO, FL 33777-4907			Mailing Address 7791 BENT GRASS COURT LARGO, FL 33777-4907				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country	4. FEI Number 59-3216266			
				Applied For <input type="checkbox"/> Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
SIMMONS, SHERWIN P C/O TRENAM, SIMMONS, KEMKER, ET AL. 101 EAST KENNEDY BLVD., SUITE 2700 TAMPA, FL 33602			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.							
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$587,925.00		10. Amount of Capital Contributions in FLORIDA to date					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.							
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY				
DOCUMENT #	G93362900019		STREET ADDRESS				
NAME	ALICE EDITH SCHICK REVOCABLE TRUST		CITY-ST-ZIP				
STREET ADDRESS	7791 BENT GRASS COURT						
CITY-ST-ZIP	LARGO, FL 337774907						
DOCUMENT #			STREET ADDRESS	U00000361476			
NAME			CITY-ST-ZIP	05/05/05-90075-010 526.25			
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CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: x <i>Alice E. Schick</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					
		Date		Daytime Phone #			



02232005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3216266 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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