


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 06 MAR 27 AM 10:43

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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

03072006 Chg-LP CR2E003 (11/05)

4. FEI Number
 59-3216266

Applied For
 Not Applicable

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




6. Name and Address of Current Registered Agent

SIMMONS, SHERWIN P
 C/O TRENAM, SIMMONS, KEMKER, ET AL.
 101 EAST KENNEDY BLVD., SUITE 2700
 TAMPA, FL 33602

7. Name and Address of New Registered Agent

Name
 ALICE E. SCHICK

Street Address (P.O. Box Number is Not Acceptable)
 7791 BENT GRASS COURT

City LARGO FL Zip Code 33777

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 x ALICE E. SCHICK

Signature, typed or printed name of registered agent and title if applicable.

DATE
 3/21/06

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	400069923704
NAME		CITY-ST-ZIP	04/19/06--01020--006 **500.00
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 ALICE E. SCHICK

DATE: 3/21/06

DAYTIME PHONE #: 727-393-7650

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ALICE E. SCHICK