


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 JUN 10 AM 9:16

DOCUMENT # A00000000493		
1. Entity Name SCHLITT ENTERPRISES, LTD.		

Principal Place of Business 3240 CARDINAL DRIVE 4435 55th ST VERO BEACH, FL 32963 32967	Mailing Address 3240 CARDINAL DRIVE 4435 55th ST VERO BEACH, FL 32963 32967
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2. Principal Place of Business - No P.O. Box # 4435 55th ST Suite, Apt. #, etc.	3. Mailing Address Vero Beach 4435 55th ST Suite, Apt. #, etc.
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City & State Vero Beach FL	City & State Vero Beach FL	4. FEI Number 65-0991281	Applied For Not Applicable
Zip 32967	Country USA	Zip 32967	Country USA



02212008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent GARRIS, CHARLES E 817 BEACHLAND BOULEVARD VERO BEACH, FL 32963		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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: _____
 Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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 # NAME STREET ADDRESS CITY - ST - ZIP	L05000095209 SCHLITT INVESTMENTS, LLC 3240 CARDINAL DRIVE VERO BEACH, FL 32963	STREET ADDRESS CITY - ST - ZIP	300130683223 06/03/08 01025 017 **900.00
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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: S J A S L _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE