PLEASE READ ALL INSTRUCTIONS BEFORE COMPLÉTING THIS FORM.

LIMITED
PARTNERSHIP
EINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF CORPORATIONS

03 MAR 28 PH 2: 29

## DOCUMENT # A00000000823

1. Name of Limited Partnership

SCHWARTZ ENTERPRISES LTD.

800010098958 01/14/03--01113--007 \*\*200.00

2. Principal Office Address 530 ATLANTIC AVENUE		3. Mailing Office Address 530 ATLANTIC AVENUE			4. Date Formed or Registered To Do Business in Florida 5/22/00			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<b>5.</b> FEI Number 65-1012046		Applied For Not Applicable	
City & State BOSTON, MA	·	City & State BOSTON, MA			CERTIFICATE OF STATUS DESIRED S8.75 Additional Fee required for a Certificate of Status			
,	Country	Zip 02210	Country		7a. Capital Contributions as shown 5,000,000		A to date:	
8. Name and Address of Current Registered Agent					\$5,000,000			
GENE K. GLA Street Address (P.O. Box No. 2021 TYLER STRE	umber is Not Acceptable)				1.) Filing Fee(s): Computed at a rate or in 7b, with a minimum filing fee of \$ for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each	f \$7 per \$1,0 52.50 and a	maximum of \$437.50,	
Suite, Apt. #, Etc.  State  City  HOLLYWOOD  State  State							eport form is delinquent.	
for the purpose of changing	g its registered office or registe id accept the obligations of se	red agent, or both, in the Star	te of Florida. Such change	hip organ was auth	ized or registered under the laws of the Stat loorized by its general partner(s). I hereby ac DATE	e of Florida, s cept the app	submits this statement bintment of registered	
	RTNER THAT IS	S A CORPORAT BE REGISTER	ION, LIMITED ED AND ACTI	PAF VE W	RTNERSHIP OR OTHER	BUSIN	IESS ENTITY	
10. Name(s) of Gener	al Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)			City, State and Zip Code	10a.	Registration Document Number	
SCHWARTZ, WAR	REN R.	89 DORSET ROAD WA			BAN, MA 02468		_	
SCHWARTZ, STEP	HEN L.	415 PINAR DRIVE O		ORL	ANDO, FL 32825			
LAUB, K. ROSELY	N	67 HERITAGE ROAD EAST   WIL			LIAMSVILLE, NY 14221	}		
03 FF 5a6	, 25 2. 25				٠.		,	
\$1,052.50	<u> </u>		lel		<b>80001</b> 0 03/27/03010	jos 360	8958 29 **852.5	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i). Horital Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to exceede this report as required by chapter 620, Florida Statutes.

SIGNATURE .

Typed or Printed Name of General Partner Signing Form

WARREN R. SWARTZ

DATE 12-12-02

Telephone Number \_\_617-542-6650