

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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 FEB 25 AM 10:13

<b>DOCUMENT # A00000001386</b> 1. Entity Name <b>SCHAEFFNER FAMILY LIMITED PARTNERSHIP</b>					
Principal Place of Business 621 E. CAPE CORAL PKWY CAPE CORAL, FL 33904			Mailing Address 621 E. CAPE CORAL PKWY CAPE CORAL, FL 33904		
2. Principal Place of Business <b>1306 SE 46TH LANE</b> Suite, Apt. #, etc.		3. Mailing Address <b>28000 SPANISH WELLS BLVD</b> Suite, Apt. #, etc.			
City & State <b>CAPE CORAL, FL</b> Zip <b>33904</b>		City & State <b>BONITA SPRINGS, FL</b> Zip <b>34135</b>		4. FEI Number <b>65-1128286</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>SCHMIDT, FRIEDRICH W</b> <b>1505 SE 40TH ST., STE. G</b> <b>CAPE CORAL, FL 33904</b>			7. Name and Address of New Registered Agent Name <b>ALLURE ACCOUNTING, LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>28000 SPANISH WELLS BLVD</b> City <b>BONITA SPRINGS</b> <b>FL</b> Zip Code <b>34135</b>		
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 <u><i>Marena Loetler</i></u> <b>MARENA LOETLER, HORN</b> DATE <u><b>02/07/05</b></u>					
9. Capital Contributions as Shown on record. <b>\$400,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SCHAEFFNER, DIETER		CITY-ST-ZIP		
STREET ADDRESS	MUHLENBERG STRASSE 19				
CITY-ST-ZIP	HORB, GERMANDY 72160				
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Dieter Schaeffner</i></u>			DIETER SCHAEFFNER <u><b>02/06/05</b></u> Date Daytime Phone #		

STAPLE CHECK HERE