

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:48

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A00000001386													
1. Entity Name SCHAEFFNER FAMILY LIMITED PARTNERSHIP													
Principal Place of Business 1306 SE 46TH LANE CAPE CORAL, FL 33904			Mailing Address 2800 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135										
2. Principal Place of Business		3. Mailing Address 3665 Bonita Beach Rd.											
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3											
City & State		City & State Bonita Springs, FL		4. FEI Number 65-1128286									
Zip		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required									
6. Name and Address of Current Registered Agent ALLURE ACCOUNTING LLC 2800 SPANISH WELLS BLVD BONITA SPRINGS, FL 34135		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name ALLURE ACCOUNTING LLC</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 3665 BONITA BEACH RD,</td> </tr> <tr> <td colspan="2" style="padding: 2px;">SUITE 3</td> </tr> <tr> <td style="padding: 2px;">City BONITA SPRINGS</td> <td style="padding: 2px;">FL Zip Code 34134</td> </tr> </table>				Name ALLURE ACCOUNTING LLC		Street Address (P.O. Box Number is Not Acceptable) 3665 BONITA BEACH RD,		SUITE 3		City BONITA SPRINGS	FL Zip Code 34134
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SUITE 3													
City BONITA SPRINGS	FL Zip Code 34134												
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></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>													
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 #	NAME		STREET ADDRESS										
NAME	SCHAEFFNER, DIETER		CITY-ST-ZIP										
STREET ADDRESS	MUHLENBERG STRASSE 19												
CITY-ST-ZIP	HORB, GERMANDY 72160,												
DOCUMENT #	NAME		STREET ADDRESS										
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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: <u></u> SCHAEFFNER			29. MRZ. 2006										
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date Daytime Phone #</small>										



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