


**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # A00000001589
1. Entity Name
SCHWARTZ VENTURES, LLLP



Principal Place of Business
**601 BAYSHORE BLVD
SUITE 650
TAMPA, FL 33606**

Mailing Address
**601 BAYSHORE BLVD
SUITE 650
TAMPA, FL 33606**



04302007 No Chg-LP CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3678008	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**CAUTHEN, WILLIAM H ESQUIRE
215 N. JOANNA AVE.
TAVARES, FL 32778**

DO NOT WRITE IN THIS SPACE

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, 2007, 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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	WILLIAM H CAUTHEN & CHARLES B FUND, TRUSTEE 215 N. JOANNA AVENUE TAVARES, FL 32778
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	FUNK, CAROL S 924 GOLF VIEW DRIVE TAMPA, FL 33609
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	TROPP, NANCY S TRUSTEE 5107 S NICHOL ST TAMPA, FL 33611
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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000000760492
05/25/07-80012-023 500.00

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: *Carol Schwart Funk* **Carol Schwart Funk** 4/30/07 813-291-1625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #