

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 12, 2008

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**

DO NOT WRITE IN THIS SPACE

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07252008 No Chg-LP

CR2E003 (12/06)

4. FEI Number
59-3678008

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

**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
**CAROL S. FUNK, TRUSTEE OF THE CAROL S. FUN
601 BAYSHORE BLVD
TAMPA, FL 33606**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**NANCY SCHWARTZ TROPP, TRUSTEE OF THE NANCY
5107 S NICHOL ST
TAMPA, FL 33611**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

U00000957041
08/04/08-80007-006 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Carol S. Funk

7/30/08 (813) 251-1221

STAPLE CHECK HERE