

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A00000001589

Entity Name: SCHWARTZ VENTURES, LLLP

**FILED**  
**Jan 27, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

601 BAYSHORE BLVD  
SUITE 650  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

601 BAYSHORE BLVD  
SUITE 650  
TAMPA, FL 33606

**New Mailing Address:**

FEI Number: 59-3678008

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAUTHEN, WILLIAM H ESQUIRE  
215 N. JOANNA AVE.  
TAVARES, FL 32778 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: CAROL S. FUNK, TRUSTEE OF THE CAROL S. FUN

Address: 601 BAYSHORE BLVD

City-St-Zip: TAMPA, FL 33606

Document #:

Name: NANCY SCHWARTZ TROPP, TRUSTEE OF THE NANCY

Address: 5107 S NICHOL ST

City-St-Zip: TAMPA, FL 33611

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 S. FUNK

GP

01/27/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date