

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

# 2438  
2/14/06 FILED  
Feb 20, 2006 08:00 AM  
Secretary of State

**DOCUMENT # A01000000591**

1. Entity Name  
**THE SCHWEND FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**28945 JOHNSTON RD  
DADE CITY, FL 33523**

Mailing Address  
**28945 JOHNSTON RD  
DADE CITY, FL 33523**



01042006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-7185861**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**HERSCH, LARRY S ESQ  
12249 US HWY 301  
DADE CITY, FL 33523**

**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  
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**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SCHWEND, CHARLES LEONARD  
28945 JOHNSTON RD  
DADE CITY, FL 33523**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**SCHWEND, JUDITH DIANNE  
28945 JOHNSTON RD  
DADE CITY, FL 33523**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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NAME  
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CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

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03/02/06-80025-004 500.00

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 #

*Judith D. Schwend* **JUDITH D. SCHWEND** 1/4/06 (352) 588-2220

STAPLE CHECK HERE