

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

#2717

FILED

Feb 02, 2007 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

DO NOT WRITE IN THIS SPACE



01052007 No Chg-LP

CR2E003 (12/06)

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

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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 #

STAPLE CHECK HERE