

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A01000000591

**FILED**  
**Jun 22, 2009**  
**Secretary of State**

**Entity Name:** THE SCHWEND FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

28945 JOHNSTON RD  
DADE CITY, FL 33523

**New Principal Place of Business:**

**Current Mailing Address:**

28945 JOHNSTON RD  
DADE CITY, FL 33523

**New Mailing Address:**

**FEI Number:** 59-7185861      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

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

F & L CORP  
100 NORTH TAMPA ST  
STE 2700  
TAMPA, FL 33602 US

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:**

**ADDRESS CHANGES ONLY:**

Document #:

Name: SCHWEND, CHARLES LEONARD

Address: 28945 JOHNSTON RD

City-St-Zip: DADE CITY, FL 33523

Document #:

Name: SCHWEND, JUDITH DIANNE

Address: 28945 JOHNSTON RD

City-St-Zip: DADE CITY, FL 33523

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: JUDITH D SCHWEND

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

06/22/2009

\_\_\_\_\_  
Date