2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A01000000719

1. Entity Name
SCHWEITZER REALTY GROUP, LTD.

FILED

2007 MAR 22 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02092007 Chg-LP CR2E003 (12/06)

Principal Place of Business	Mailing Address
P.O. BOX 8552 CORAL SPRINGS, FL 33075	P.O. BOX 8552 CORAL SPRINGS, FL 33075

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
4996 W Atlantic BLVD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MARGATE, FL	City & State
Zip: 33063 Country: USA	Zip / Country

4. FEI Number: 65-1107626 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PETER J. SCHWEITZER & ASSOC
4996 W. ATLANTIC BLVD
MARGATE, FL 33063

7. Name and Address of New Registered Agent

Name: Seth E Ellis PA
Street Address (P.O. Box Number is Not Acceptable): 2385 Executive Center Drive
Suite 190
City: Boca Raton FL Zip Code: 33431

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) 2/21/07 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L43720	STREET ADDRESS	
NAME	PETER J. SCHWEITZER & ASSOCIATES, INC.		
STREET ADDRESS	4996 W. ATLANTIC BLVD	CITY-ST-ZIP	
CITY-ST-ZIP	MARGATE, FL 33063		
DOCUMENT #		STREET ADDRESS	500095215535 03/29/07--01017--011 **500.00
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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) 3/9/07 Date 9549720322 Daytime Phone #

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