

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

08 APR -1 PM 1:32

**DOCUMENT # A01000000719**

1. Entity Name  
**SCHWEITZER REALTY GROUP, LTD.**



Principal Place of Business  
**4996 W ATLANTIC BLVD  
MARGATE, FL 33063**

Mailing Address  
**4996 W ATLANTIC BLVD  
MARGATE, FL 33063**



**DO NOT WRITE IN THIS SPACE**

02112008 No Chg-LP

CR2E003 (12/06)

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

**ELLIS, SETH E PA  
2385 EXECUTIVE CENTER DRIVE  
SUITE 190  
BOCA RATON, FL 33431**

**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, 2008, 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 # **L43720**  
NAME **PETER J. SCHWEITZER & ASSOCIATES, INC.**  
STREET ADDRESS **4996 W. ATLANTIC BLVD**  
CITY-ST-ZIP **MARGATE, FL 33063**

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**300121794433**  
**04/01/08--01019--019 \*\*500.00**

**DO NOT WRITE  
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 #

**3/24/08**

STAPLE CHECK HERE