

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 11 PM 1:58

**DOCUMENT # A03000000747**

1. Entity Name  
**SMIGIEL PARTNERS XIX, LTD.**



Principal Place of Business  
**7965 LANTANA ROAD  
 LAKE WORTH, FL 33454**

Mailing Address  
**PO BOX 540669  
 LAKE WORTH, FL 33454**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008 Chg-LP CR2E003 (12/06)

4. FEI Number

**56-2356510**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARY SMIGIEL, L.C.  
 7965 LANTANA ROAD  
 LAKE WORTH, FL 33454**

Name  
**Gary Smigiel, L.C.**

Street Address (P.O. Box Number is Not Acceptable)  
**7965 Lantana Road**

City  
**Lake Worth**

**FL**

Zip Code  
**33467**

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.

**4-3-08**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **L93000000238**  
 NAME **GARY SMIGIEL, L.C.**  
 STREET ADDRESS **PO BOX 540623**  
 CITY-ST-ZIP **LAKE WORTH, FL 33454**

STREET ADDRESS **P. O. Box 540669**  
 CITY-ST-ZIP **Lake Worth, FL 33454-0669**

DOCUMENT # **P00000103016**  
 NAME **C. H. CONSULTING, INC.**  
 STREET ADDRESS **6823 VISTA PKY NORTH**  
 CITY-ST-ZIP **WEST PALM BEACH, FL 33411**

STREET ADDRESS **P. O. Box 540669**  
 CITY-ST-ZIP **Lake Worth, FL 33454-0669**

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS **400122558124**  
 CITY-ST-ZIP **04/08/08--01023--014 \*\*500.00**

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STREET ADDRESS  
 CITY-ST-ZIP

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]*

**GARY SMIGIEL 408 45-08 571 918 3605**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE