


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A04000002107 1. Entity Name SCHICKEDANZ TROUBLE CREEK, LLLP	
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Principal Place of Business 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410	Mailing Address 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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FILED
 05 MAY 06 MAY 4:18 PM 1:37
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01062006 Chg-LP CR2E003 (11/05)

4. FFI Number 20-4702661	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHICKEDANZ, W.K. 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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												
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STAPLE CHECK HERE

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: W.K. Schickedanz, GP 561-845-8797
 Schickedanz Trouble Creek, LLLP Date Daytime Phone #
 W.K. Schickedanz, General Partner