

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

FILED

2007 MAR 27 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



02232007 Chg-LP CR2E003 (12/06)

4. FEI Number  
**APPLIED FOR**

Applied For
Not Applicable

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

**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

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, 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**

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SCHICKEDANZ, G H	7741 N. MILITARY TRAIL, SUITE 1	PALM BEACH GARDENS, FL 33410
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	SCHICKEDANZ, W K	7741 N. MILITARY TRAIL, SUITE 1	PALM BEACH GARDENS, FL 33410
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
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DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	100095697151 04/03/07--01052--025 **\$500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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: *W.K. Schickedanz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

W.K. Schickedanz, General Partner  
Thompson Bailey Associates, LLLP

3/6/07  
Date

561-845-8797  
Daytime Phone #

STAPLE CHECK HERE