

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # A05000001409 1. Entity Name THE SCHULTZ FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 1360 CLASSIC COURT NORTH LONGWOOD, FL 32779	Mailing Address 1360 CLASSIC COURT NORTH LONGWOOD, FL 32779
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-LP CR2E003 (12/06)

4. FEI Number 20-3211619	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SCHULTZ, ROBERT W
1360 CLASSIC COURT NORTH
LONGWOOD, FL 32779**

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 *Robert W. Schultz* DATE 1.21.2008

Signature, typed or printed name of registered agent and type 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 # NAME STREET ADDRESS CITY-ST-ZIP	SCHULTZ, ROBERT W TRUSTEE 1360 CLASSIC COURT NORTH LONGWOOD, FL 32779
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHULTZ, GAIL TRUSTEE 1360 CLASSIC COURT NORTH LONGWOOD, FL 32779
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U00000795296
01/28/08-80041-013 500.00

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: *Robert W. Schultz* **ROBERT W. SCHULTZ** *Gail Schultz* **GAIL SCHULTZ** DATE 1.21.2008 DAYTIME PHONE # 407-774-5334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE Daytime Phone #