


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

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A06000001544</b>		
1. Entity Name SCHICKEDANZ PENNOCK BUILDING GROUP, LLLP		
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



2. Principal Place of Business - No P.O. Box #		3. Mailing Address		02252008	Chg-LP	CR2E003 (12/06)
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SCHICKEDANZ, W K 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410		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 \_\_\_\_\_ DATE 05/07/08-80001-017 500.00

Signature, typed or printed name of registered agent and title if applicable.

**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 #	SCHICKEDANZ, G H	STREET ADDRESS	
NAME	7741 N. MILITARY TRAIL, SUITE 1	CITY-ST-ZIP	
STREET ADDRESS	PALM BEACH GARDENS, FL 33410		
CITY-ST-ZIP			
DOCUMENT #	SCHICKEDANZ, WK H	STREET ADDRESS	
NAME	7741 N. MILITARY TRAIL, SUITE 1	CITY-ST-ZIP	
STREET ADDRESS	PALM BEACH GARDENS, FL 33410		
CITY-ST-ZIP			
DOCUMENT #	SMOLAK, MICHAEL	STREET ADDRESS	
NAME	7741 N. MILITARY TRAIL, SUITE 1	CITY-ST-ZIP	
STREET ADDRESS	PALM BEACH GARDENS, FL 33410		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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: Waldemar Schickedanz General Partner Date: 4/18/08 Daytime Phone #: 561 8458797

Waldemar Schickedanz, Registered Agent

STAPLE CHECK HERE