

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

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 08 MAY -1 PM 3:00

**DOCUMENT # A07000000432**

1. Entity Name  
 SCHIGIEL CT ENTERPRISES, LTD.



Principal Place of Business  
 3200 NORTHWEST 77TH COURT  
 MIAMI, FL 33122

Mailing Address  
 3200 NORTHWEST 77TH COURT  
 MIAMI, FL 33122

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

04102008

Chg-LP

CR2E003 (12/06)

4. FEI Number

26-6232986

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

**6. Name and Address of Current Registered Agent**

SCHIGIEL, LEON  
 3200 NORTHWEST 77TH COURT  
 MIAMI, FL 33122

**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, 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 #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 SCHIGIEL CT ENTERPRISES GP TRUST  
 3200 NORTHWEST 77TH COURT  
 MIAMI, FL 33122

STREET ADDRESS  
 CITY-ST-ZIP  
 800127240868  
 04/30/08--01010--017 \*\*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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/23/08  
 Date

Daytime Phone #

STAPLE CHECK HERE