## 2010 LIMITED PARTNERSHIP ANNUAL REPORT

## DOCUMENT# A07000001428

Address:

City-St-Zip:

11900 ASHFORD LANE

DAVIE, FL 33325 US

Entity Name: SCHMIDT FAMILY HOLDINGS, LLLP

FILED Apr 16, 2010 Secretary of State

| Current Principal Place of Business:                       |                                    | New Principal Place of Business:          |                                       |
|--|------------------------------------|---|---------------------------------------|
| 11900 ASHFORD LANE<br>DAVIE, FL 33325                      | ≣                                  |   |                                       |
| Current Mailing Address:                                   |                                    | New Mailing Address:                      |                                       |
| 11900 ASHFORD LANE<br>DAVIE, FL 33325                      | ≣                                  |   |                                       |
| FEI Number: 26-1604848                                     | FEI Number Applied For ( )         | FEI Number Not Applicable ( )             | Certificate of Status Desired ( )     |
| Name and Address of Current Registered Agent:              |                                    | Name and Address of New Registered Agent: |                                       |
| KAHN, JEFFREY B<br>11555 HERON BAY BL<br>CORAL SPRINGS, FL |                                    |   |                                       |
| The above named entity in the State of Florida.            | / submits this statement for the ρ | ourpose of changing its registered        | d office or registered agent, or both |
| SIGNATURE:   |                                    |   |                                       |
| Electro  | onic Signature of Registered Age   | ent                                       | Date                                  |
| GENERAL PARTNER INFORMATION:                               |                                    | ADDRESS CHANGES ONL                       | Y:                                    |
| Document #: Name: SCHMIDT, M                               | ARCIA A                            |   |                                       |

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MARCIA A. SCHMIDT GEN 04/16/2010