

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A27757

FILED  
Apr 20, 2005  
Secretary of State

**Entity Name:** SCHICKEDANZ BROS - HAMMOCK PINES LTD

**Current Principal Place of Business:**

7615 MITCHELL BLVD.  
NEW PORT RICHEY, FL 34655 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2197  
NEW PORT RICHEY, FL 34656 US

**New Mailing Address:**

FEI Number: 59-2110433

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FLAIG, GUNTHER  
7615 MITCHELL BLVD.  
NEW PORT RICHEY, FL 34655 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Capital Contributions as Shown on record:** 10,000.00

**Amount of Capital Contributions in Florida to date:** 10,000.00

**GENERAL PARTNER INFORMATION:**

Document #: L05446  
Name: SCHICKEDANZ BROS WEST, INC.  
Address: 7615 MITCHELL BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JANICE E. METTA

\_\_\_\_\_ Electronic Signature of Signing General Partner

04/20/2005

\_\_\_\_\_ Date