

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 10 PM 12:13



1. Name of Limited Partnership SCHICKEDANZ BROS - PINELLAS LTD.		1a. DOCUMENT # A28578	
2. Mailing Address Suite, Apt #, etc City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc City & State Zip Country	
Mailing Address 2690 CORAL LANDING BLVD PALM HARBOR FL 34685		Principal Office Address 2690 CORAL LANDING BLVD PALM HARBOR FL 34685	

3. Date Formed or Registered 06/30/1989	5a. Capital Contributions as Shown on record \$10,000.00
3a. Date of Last Report 11/07/1995	5b. Amount of Capital Contributions in FLORIDA to date 10,000
4. State or Country of Formation FL	6. FEI Number 65-0129926 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent FLAIG, GUNTHER 2690 CORAL LANDINGS BLVD. PALM HARBOR FL 34685	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc City FL Zip Code
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10a. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SCHICKEDANZ BROS WEST, INC.	2690 CORAL LANDINGS B	PALM HARBOR FL	L05446

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****208.75 ****208.75**

dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE **9.11.96**
Typed or Printed Name of General Partner Signing Form **GUNTHER FLAIG** Daytime Telephone Number **813 784 5300**

CR2E003 (6/96)