

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
98 OCT -6 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A28578

SCHICKEDANZ BROS - PINELLAS LTD.



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

10/08/1997

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

2710 ALT 19, #401

Suite, Apt. #, etc.
PALM HARBOR, FL

City & State
34683 USA

Zip Country

2a. Principal Office Address

2710 ALT 19, NORTH, #401

Suite, Apt. #, etc.
PALM HARBOR, FL

City & State
34683 USA

Zip Country

6. FEI Number

65-0129926

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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)

2710 ALT 19, NORTH

Suite, Apt. #, etc.

401

City

PALM HARBOR

FL

Zip Code

34683

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)

SCHICKEDANZ BROS WEST, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2690 CORAL LANDINGS B

11b. City, State & Zip Code

PALM HARBOR FL

11c. Registration/
Document Number

L05446

100002861971--7
-10/12/98--01127--020
***158.75 ***158.75

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

9-21-98

Typed or Printed Name of General Partner Signing Form

GUNTHER FLAIG

Daytime Telephone Number

(921) 789-5300

CR2E003 (8/98)