2002 UNIFORM BUSINESS REPORT (UBR)						APP	MD KUAFF	<u>;</u>	
DOCUMENT # A28615 1. Entity Name SCHICKEDANZ BROS - STUART LTD.						FI	LEU		
					02 APR 26 PM 1: 32				
Principal Place of Business 4152 WEST BLUE HERON BLVD. SUITE 116 RIVIERA BEACH FL 33404 Mailing Address 4152 WEST BLUE HERON BLUE HERON BUSINESS BUSINESS BLUE HERON BUSINESS BUSINESS BLUE HERON BUSINESS B					SECRETARY OF STATE TALLAHASSEE. FLORIDA				
2. Principal Place of Business 7711 N. Military Trail Suite, Apt. #, etc. 3. Mailing Address 7711 N. Military Suite, Apt. #, etc.			Trai1		1 [8010]				
3rd Floor 3rd Floor					DUE BY MAY 1, 2002				
City & State Palm Beach Gardens, FL Palm Beach Gardens, FL Palm Beach Gardens			ona ET		4. FEI Number	65-0129933		Applied Fo	
Zip Country 33410 Palm Beach	Zip 33410	Cour		eh	5. Certificate o	f Status Desired		B.75 Additional e Required	
6. Name and Address of Cur	rent Registered Agent		Name	•	7. Name and A	Address of New Regi	stered Ag	ent	
SCHICKEDANZ, WALDEMAR 4152 WEST BLUE HERON BLVD. SUITE 116 RIVIERA BEACH FL 33404			Schickedanz, Waldemar Street Address (P.O. Box Number is Not Acceptable) 7/11 N. Military Trail						
			3rd Floor						
			City	Palm Beach Gardens FL Zip Code 33410					
8. The above named entity submits this statement	ent for the purpose of changing it	ts register	ed office or	registere	d agent, or both	, in the State of Florid	a.		
SIGNATURE SOME TREE MATERIAL PROPERTY OF THE SECOND	chel	- J A				01/10	/2002		
9. Capital Contributions \$10,000.00 10. Amount of Capital								O DEPT. OF STATE	_
as Shown on record. in FLORIDA to date				SEE REVERSE SIDE FOR FEE INFORMATION					
	ER THAT IS A BUSINESS E s MAY NOT be changed on							er.	
12. GENERAL PARTNER INFORMATION			ADDRESS CHANGES ONLY						
INCLUMENT # K54111 SCHICKEDANZ ENTERPRISES, INC. ATTREET ADDRESS ATTY-ST-ZIP ST-ZIP K54111 SCHICKEDANZ ENTERPRISES, INC. 4152 WEST BLUE HERON BLVD. #116 RIVIERA BEACH FL 33404			EET ADDRESS	771	7711 N. Military Trail, 3rd Floor				
			-ST-ZIP	Pal	Palm Beach Gardens, FL 33410				
DOCUMENT # NAME		STRE	EET ADDRESS						
STREET ADDRESS CITY-ST-ZIP		CITY	'-ST-ZIP						
DOCUMENT # NAME		STRE	EET ADDRESS			<u> </u>		caa	1
STREET ADDRESS CITY-ST-ZIP			'-ST-ZIP			-05/03/02	2010		
DOCUMENT #		STRE	FET ADDRESS						

14. I hereby certify that the information supplied with this filing does not qualify 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 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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP DOCUMENT **#**

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP DOCUMENT #

01/10/2002

561-845-8797