

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A28615

1. Entity Name
SCHICKEDANZ BROS - STUART LTD.



FILED

2004 APR 21 PM 3:47

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**7741 N. MILITARY TRAIL, STE. 1
PALM BEACH GARDENS, FL 33410**

Mailing Address
**7741 N. MILITARY TRAIL, STE. 1
PALM BEACH GARDENS, FL 33410**



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number
65-0129933

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SCHICKEDANZ, WALDEMAR
7741 N. MILITARY TRAIL, STE. 1
PALM BEACH GARDENS, FL 33410**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. **\$10,000.00**

10. Amount of Capital Contributions
in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **K54111**
NAME **SCHICKEDANZ ENTERPRISES, INC.**
STREET ADDRESS **7741 N. MILITARY TRAIL, STE. 1**
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33410**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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

SIGNATURE: *Waldemar K Schickedanz, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENE

Waldemar K Schickedanz, President
Schickedanz Ent Inc.
General Partner, Schickedanz Bros. Stuart Ltd.

4/10/04 561 845 8797

Date

Daytime Phone #