




2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # A28615 1. Entity Name SCHICKEDANZ BROS - STUART LTD.					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0129933	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHICKEDANZ, WALDEMAR 7741 N. MILITARY TRAIL, STE. 1 PALM BEACH GARDENS, FL 33410				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	K54111		STREET ADDRESS		
NAME	SCHICKEDANZ ENTERPRISES, INC.		CITY- ST- ZIP		
STREET ADDRESS	7741 N. MILITARY TRAIL, STE. 1				
CITY- ST- ZIP	PALM BEACH GARDENS, FL 33410				
DOCUMENT #			STREET ADDRESS		
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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: 			3/10/2005		
Waldemar Schickedanz President			561-845-8797		

STAPLE CHECK HERE