


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A32131					
1. Entity Name SCHMIDT INVESTMENTS LIMITED PARTNERSHIP					
Principal Place of Business C/O SCHMIDT INVESTMENTS PO BOX 261838 HIGHLANDS RANCH, CO 80163-1838			Mailing Address C/O SCHMIDT INVESTMENTS PO BOX 261838 HIGHLANDS RANCH, CO 80163-1838		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent HU DOBA, STEVE ESQ 101 E. KENNEDY BLVD. SUITE 3700 TAMPA, FL 33602				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$500.00			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 #	NAME			STREET ADDRESS	
NAME	SCHMIDT, ROBERT E., JR.			CITY-ST-ZIP	
STREET ADDRESS	2226 STATE RD 580				
CITY-ST-ZIP	CLEARWATER, FL 337631126				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	SCHMIDT, ROBERT E., III			CITY-ST-ZIP	
STREET ADDRESS	330 EAST KILBOURN AVENUE				
CITY-ST-ZIP	MILWAUKEE, WI 53202				
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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)(f), 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: _____				47-05 203-471-5461	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	