


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**

2007 APR 25 AM 10:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # A32131</b>	
1. Entity Name <b>SCHMIDT INVESTMENTS LIMITED PARTNERSHIP</b>	

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
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address <u>PO Box 631838</u>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State <u>Highlands Ranch CO</u>
Zip	Country
<u>80163</u>	<u>USA</u>



02212007 Chg-LP CR2E003 (12/06)

4. FEI Number <b>39-1718920</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>HUDOBA, STEVE ESQ</b> <b>101 E. KENNEDY BLVD.</b> <b>SUITE 3700</b> <b>TAMPA, FL 33602</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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
<i>[Signature]</i>	<i>[Date]</i>

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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	
	SCHMIDT, ROBERT E., JR.		
STREET ADDRESS	2226 STATE RD 580	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 337631126		
DOCUMENT #	NAME	STREET ADDRESS	
	SCHMIDT, ROBERT E., III		
STREET ADDRESS	330 EAST KILBOURN AVENUE	CITY-ST-ZIP	
CITY-ST-ZIP	MILWAUKEE, WI 53202		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

**000101233666**  
**05/02/07--01049--020 \*\*500.00**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

<b>SIGNATURE:</b> <i>[Signature]</i>	<b>2-21-07</b>	<b>353-471-5442</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER	Date	Daytime Phone #

*Patricia Howell*

STAPLE CHECK HERE