## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNING GENERAL PARTNER

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SECRETARY OF STATE TALLAHASSEE, FLORIDA DOCUMENT # A32131 08 APR 11 PM 2: 45 SCHMIDT INVESTMENTS LIMITED PARTNERSHIP Principal Place of Business Mailing Address C/O SCHMIDT INVESTMENTS PO BOX 631838 PO BOX 261838 HIGHLANDS BEACH, CO 80163 HIGHLANDS RANCH, CO 80163-1838 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02042008 Chg-LP CR2E003 (12/06) #9E サタモ Applied For City & State City & State 4. FEI Number C39-1718920 RNJRG Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired K00001 8030H Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUDOBA, STEVE ESQ 101 E. KENNEDY BLVD. Street Address (P.O. Box Number is Not Acceptable) **SUITE 3700** TAMPA, FL 33602 City 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 bile if applicable -FILE-NOWIII\_FEE-IS-\$500.00 = After May 1, 2008, 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. DOCUMENT # STREET ADDRESS \*\*500.00 SCHMIDT, ROBERT E., JR. NAME STREET ADDRESS 2226 STATE RD 580 CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER, FL 337631126** DOCUMENT # STREET ADDRESS NAME SCHMIDT, ROBERT E., III STREET ADDRESS 330 EAST KILBOURN AVENUE CITY-ST-ZIP CITY-ST-ZIP MILWAUKEE, WI 53202 **DOCUMENT** A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT ≱ STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CIFY-S1-ZIP 14. I hereby certify that the information supplied with this filing does not ordalify 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 receive this report as required by Chapter 620, Florida Statutes. SIGNATURE