

# **2009 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A33057

**FILED**  
**Jan 09, 2009**  
**Secretary of State**

**Entity Name:** DR. SCHROBSDORFF & DR. HERRMANN "BAYSHORE FOUR SEASONS", LTD.

**Current Principal Place of Business:**

4350 W CYPRESS STREET  
SUITE 300  
TAMPA, FL 336074175

**New Principal Place of Business:**

**Current Mailing Address:**

4350 W CYPRESS STREET  
SUITE 300  
TAMPA, FL 336074175

**New Mailing Address:**

**FEI Number:** 59-3173366

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLBERT, HAL P  
C/O COLLIERS ARNOLD  
4350 WEST CYPRESS STREET, SUITE 300  
TAMPA, FL 336074175 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #: F21736  
Name: DR. SCHROBSDORFF & DR. HERMANN INTERNATION  
Address: 4350 W CYPRESS STREET, SUITE 300  
City-St-Zip: TAMPA, FL 336074175

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RALF HERRMANN

PSTD

01/09/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date