

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 27 PM 3:09

SECRETARY OF STATE
TALLAHASSEE FLORIDA

NIJH

DOCUMENT # A33397	
1. Entity Name SCHNEIDER LABORATORIES LTD.	



Principal Place of Business 1663 TECHNOLOGY AVE. ALACHUA, FL 32615	Mailing Address 1663 TECHNOLOGY AVE. ALACHUA, FL 32615
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04112004 Chg-LP CR2E003 (10/03) 4/27

4. FEI Number
59-3141149

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	
SCHNEIDER, RICHARD T. 12903 NW 112TH AVE. ALACHUA, FL 32615	

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 _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #		STREET ADDRESS	12903 NW 112 th Ave.
NAME	SCHNEIDER, RICHARD T.	CITY-ST-ZIP	Alachua FL 32615
STREET ADDRESS	17 ALACHUA HIGHLAND		
CITY-ST-ZIP	ALACHUA, FL		
DOCUMENT #		STREET ADDRESS	12903 NW 112 th Ave.
NAME	SCHNEIDER, LORE M.	CITY-ST-ZIP	Alachua FL 32615
STREET ADDRESS	17 ALACHUA HIGHLAND		
CITY-ST-ZIP	ALACHUA, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	000036197150
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NAME		CITY-ST-ZIP	
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: Richard T. Schneider **Richard T. Schneider** **4-24-04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE