


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A93000000281 1. Entity Name SCHICKEDANZ BROS - RIVIERA LTD.	
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FILED
 2004 APR 21 PM 3:47
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business 7741 N. MILITARY TRAIL, STE. 1 PALM BEACH GARDENS, FL 33410	Mailing Address 7741 N. MILITARY TRAIL, STE. 1 PALM BEACH GARDENS, FL 33410
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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

01082004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0397107	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SCHICKEDANZ, WALDEMAR 7741 N. MILITARY TRAIL, STE. 1 PALM BEACH GARDENS, FL 33410	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$10,000.00	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 # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
K54111 SCHICKEDANZ ENTERPRISES, INC. 7741 N. MILITARY TRAIL, STE. 1 PALM BEACH GARDENS, FL 33410	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
	900035826419 05/10/04--01094--001 **158.75
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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: Waldemar K Schickedanz, President
 Schickedanz Ent. Inc.,
 General Partner, Schickedanz Bros. Riviera Ltd.

4/10/04 5618458797
 Date Daytime Phone #