

2002 UNIFORM BUSINESS REPORT (UBR)

0008928 AT

DOCUMENT # A95000000060

1. Entity Name
SCHMIDT FAMILY LIMITED PARTNERSHIP

FILED
02 FEB -7 AM 8:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business: **400 LESLIE DRIVE, APARTMENT 931 HALLANDALE FL 33009**

Mailing Address: **400 LESLIE DRIVE, APARTMENT 931 HALLANDALE FL 33009**

2. Principal Place of Business: Suite, Apt. #, etc.
City & State

3. Mailing Address: Suite, Apt. #, etc.
City & State

DUE BY MAY 1, 2002

4. FEI Number: **65-0540094**

Applied For: Not Applicable

Zip: Country Zip: Country

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

6. Name and Address of Current Registered Agent
**SCHMIDT, GEORGE H JR.
400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009**

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.

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

9. Capital Contributions as Shown on record. **\$842,442.14**

10. Amount of Capital Contributions in FLORIDA to date. **\$842,442.14**

11. **MADE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHMIDT, VIVIAN E 1140 POLK ST. HOLLYWOOD FL 33019
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHMIDT, GEORGE H 27 JAMES COURT PORT CHESTER NY 10573
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	500004916945--6
STREET ADDRESS	-02/13/02--01096--016
CITY-ST-ZIP	***526.25 ***526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **SIGNATURE REQUIRED** *George H Schmidt* **2/02/02** **954-456-7081**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/01)