


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A9500000060

1. Entity Name
SCHMIDT FAMILY LIMITED PARTNERSHIP



FILED

04 JAN 29 AM 9:27

SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
5965 PARADISE CIRCLE **5965 PARADISE CIRCLE**
NAPLES, FL 34110 **NAPLES, FL 34110**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01062004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0540094	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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: **GEORGE H. SCHMIDT, JR.**
 Street Address (P.O. Box Number is Not Acceptable): **5965 Paradise Circle**
 City: **NAPLES** State: **FL** Zip Code: **34110**

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: *George H Schmidt Jr* DATE: **1/06/04**

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

10. Amount of Capital Contributions in FLORIDA to date **\$842,442.14** **\$562.25**

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 #	SCHMIDT, VIVIAN E	STREET ADDRESS	
NAME	1140 POLK ST.	CITY-ST-ZIP	
STREET ADDRESS	HOLLYWOOD, FL 33019		
CITY-ST-ZIP			
DOCUMENT #	SCHMIDT, GEORGE H	STREET ADDRESS	
NAME	5965 PARADISE CIRCLE	CITY-ST-ZIP	100027900521
STREET ADDRESS	NAPLES, FL 34110		01/29/04--01072--020 ##526.25
CITY-ST-ZIP			
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: *George H Schmidt* **GEORGE H SCHMIDT** Date: **1/06/04** Daytime Phone #: **239 591 0221**