


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS


05 JUL 25 AM 11:20

DOCUMENT # A95000000060	
1. Entity Name SCHMIDT FAMILY LIMITED PARTNERSHIP	

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

[Handwritten Signature]



07012005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0540094	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHMIDT, GEORGE H JR. 5965 PARADISE CIRCLE NAPLES, FL 34110	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 site if applicable.

9. Capital Contributions as Shown on record. \$842,442.14	10. Amount of Capital Contributions in FLORIDA to date. 842,442.14	" #837.50
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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	
NAME	SCHMIDT, VIVIAN E	CITY-ST-ZIP	
STREET ADDRESS	1140 POLK ST.		
CITY-ST-ZIP	HOLLYWOOD, FL 33019		
DOCUMENT #		STREET ADDRESS	
NAME	SCHMIDT, GEORGE H	CITY-ST-ZIP	
STREET ADDRESS	5965 PARADISE CIRCLE		
CITY-ST-ZIP	NAPLES, FL 34110		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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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: *George H Schmidt* **7/01/05 239-591-0221**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #