


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Jan 25, 2007 08:00 AM**  
**Secretary of State**

**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



**DO NOT WRITE IN THIS SPACE**

01212007 No Chg-LP CR2E003 (12/06)

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

6. Name and Address of Current Registered Agent

SCHMIDT, GEORGE H JR.  
 5965 PARADISE CIRCLE  
 NAPLES, FL 34110

**DO NOT WRITE IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, Fee will be \$900.00**

**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 5965 PARADISE CIRCLE NAPLES, FL 34110
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U000001603824  
 01/29/07-80029-020 500.00

**DO NOT WRITE IN THIS SPACE**

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1/25/07 (239) 591-0221

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