2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000000060

1. Entity Name

SCHMIDT FAMILY LIMITED PARTNERSHIP



FILED Apr 18, 2008 08:00 A Secretary of State

Principal Place of Business

5965 PARADISE CIRCLE NAPLES, FL 34110 Mailing Address

5965 PARADISE CIRCLE NAPLES, FL 34110



04152008 No Chg-LP

CR2E003 (12/06)

4. FEi Number 65-0540094 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	re named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in thations of registered agent.	ne State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATÉ
1	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

OTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

NOTE: General Partners MAY NOT be changed on the			
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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14. I hereby certify that the information supplied with this tiling 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.

Impowered to execute this report as required by Chapter 620, Florida Statutes

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