

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0009020 AT

DOCUMENT # A95000000060

1. Entity Name
SCHMIDT FAMILY LIMITED PARTNERSHIP



FILED
2003 APR 21 PM 1:53

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

Mailing Address
400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business
5965 PARADISE CIRCLE

3. Mailing Address
5965 PARADISE CIRCLE

Suite, Apt. #, etc.
N/A

City & State
NAPLES FL

City & State
NAPLES FL

DUE BY MAY 1, 2003

4. FEI Number **65-0540094** Applied For
Not Applicable

Zip **34110** Country **COUIER**

Zip **34110** Country **COUIER**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE George H Schmidt **GEORGE H. SCHMIDT, GEN. PART.** 4/16/03
Signature, typed or printed name of registered agent and title if applicable. DATE

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

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

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	600016398836
CITY-ST-ZIP	04/21/03--01063--003 **526.25
STREET ADDRESS	5965 PARADISE CIRCLE
CITY-ST-ZIP	NAPLES FL 34110
STREET ADDRESS	
CITY-ST-ZIP	
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: George H Schmidt **GEORGE H. SCHMIDT** 4/16/03 239-591-0221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)