

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

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
NAPLES FL

City & State
NAPLES FL

4. FEI Number **65-0540094**

Applied For
Not Applicable

Zip **34110** Country **COUWER**

Zip **34110** Country **COUWER**

5. Certificate of Status Desired **\$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.
400 LESLIE DRIVE, APARTMENT 931
HALLANDALE FL 33009**

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