


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED

04 JUN 24 PM 2:16

CLERK OF THE CIRCUIT COURT  
TALLAHASSEE, FLORIDA

1 MJH

<b>DOCUMENT # A95000001177</b> 1. Entity Name MAY F. SCHWARTZ LIMITED PARTNERSHIP					
Principal Place of Business 2670 ROBIN AVE. KISSIMMEE, FL 34744			Mailing Address 2670 ROBIN AVE. KISSIMMEE, FL 34744		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		4. FEI Number 59-3356787	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Name and Address of Current Registered Agent ARNOLD, JUDITH,S 2670 ROBIN AVENUE KISSIMMEE, FL 34744	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record: \$427,140.00		10. Amount of Capital Contributions in FLORIDA to date: \$427,140.00			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME	SCHWARTZ, MAY F		CITY-ST-ZIP	100038247771	
STREET ADDRESS	1301 W. MAITLAND AVE., STE. 264		CITY-ST-ZIP	06/24/04--01017--007 **526.25	
CITY-ST-ZIP	MAITLAND, FL 32751		STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
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DOCUMENT #	NAME		STREET ADDRESS	CITY-ST-ZIP	
NAME			CITY-ST-ZIP		
STREET ADDRESS			CITY-ST-ZIP		
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: <i>Judith S. Arnold</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			Judith S. Arnold <small>Date</small>		
			407 846-6346 <small>Daytime Phone #</small>		

STAPLE CHECK HERE