


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005


FILED
May 06, 2005 08:00 AM
Secretary of State

DOCUMENT # A95000001177 <small>1. Entity Name</small> MAY F. SCHWARTZ LIMITED PARTNERSHIP					
<small>Principal Place of Business</small> 2670 ROBIN AVE. KISSIMMEE, FL 34744			<small>Mailing Address</small> 2670 ROBIN AVE. KISSIMMEE, FL 34744		
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>			
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	<small>4. FEI Number</small> 59-3356787	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>				<small>Applied For</small> <small>Not Applicable</small>	
<small>6. Name and Address of Current Registered Agent</small> ARNOLD, JUDITH S 2670 ROBIN AVENUE KISSIMMEE, FL 34744				<small>7. Name and Address of New Registered Agent</small> <small>Name</small> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <small>City</small>	
<small>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.</small>				<small>FL</small> <small>Zip Code</small>	
<small>SIGNATURE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> <small>DATE</small> _____					
<small>9. Capital Contributions as Shown on record.</small> \$427,140.00			<small>10. Amount of Capital Contributions in FLORIDA to date.</small> \$427,140.00		
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.					
<small>12. GENERAL PARTNER INFORMATION</small>			<small>13. ADDRESS CHANGES ONLY</small>		
<small>DOCUMENT #</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>	ARNOLD, JUDITH S 2670 ROBIN AVENUE KISSIMMEE, FL 34744		<small>STREET ADDRESS</small> <small>CITY-ST-ZIP</small>		
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Judith S. Arnold (407) 846-6346

Date Daytime Phone #