

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 15 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A95000001369
S-B PROPERTIES NO. 12, LIMITED PARTNERSHIP	

Mailing Address	Principal Office Address
330 EAST KILBOURN AVENUE SUITE 1454 MILWAUKEE WI 53202	
2. Mailing Address	2a. Principal Office Address
Suite, Apt #, etc	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 9/14/95	5a. Capital Contributions as Shown on record \$1.00
3a. Date of Last Report 12/31/96	5b. Amount of Capital Contributions in FLORIDA to date \$1.00
4. State or Country of Formation FLORIDA	
6. FEI Number 59-3339866	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

STEPHEN M. HUDOBA, ESQ.
HILL, WARD & HENDERSON, P.A.
101 E. KENNEDY BLVD., SUITE 3700
TAMPA FL 33602

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
Suite, Apt #, etc _____
City _____ State **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Stephen Hudoba* DATE **3/2/99**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SCHMIDT INVESTMENTS LIMITED PARTNERSHIP	330 E. KILBOURN AVE. SUITE 1454	MILWAUKEE WI 53202	A32131
REINSTATEMENT 98-99			SC 3-19-99

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE *Robert E. Schmidt, III* DATE **3/5/99**

Typed or Printed Name of General Partner Signing Form **ROBERT E. SCHMIDT, III, GEN. PARTNER OF GP** Daytime Telephone Number **414-271-5385**

CR2E003 (8/98)