
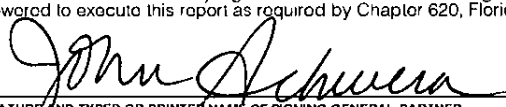


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # A96000000703					
1. Entity Name SCHWERER FAMILY PARTNERS, LTD.					
Principal Place of Business 4634 S 25TH ST. FORT PIERCE FL 34981			Mailing Address 4634 S 25TH ST. FORT PIERCE FL 34981		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0659103	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCHWERER, JOHN A 4634 S 25TH ST FORT PIERCE FL 34981				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>					
FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.					
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				13. ADDRESS CHANGES ONLY	
DOCUMENT #	SCHWERER, JOHN A 4634 S 25TH STREET FORT PIERCE FL 34981			STREET ADDRESS	U000000687784 04/10/07-80054-011 500.00
NAME				CITY- ST- ZIP	
STREET ADDRESS				CITY- ST- ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS				CITY- ST- ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS				CITY- ST- ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS				CITY- ST- ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS				CITY- ST- ZIP	
DOCUMENT #				STREET ADDRESS	
NAME				CITY- ST- ZIP	
STREET ADDRESS				CITY- ST- ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 				3/24/07 172 461- 7323	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #	



1st MOORE CR2E003 (10/06)

STAPLE CHECK HERE