

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Feb 08, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000000997					
1. Entity Name PHILIP SCHWARTZ FAMILY PARTNERSHIP, LTD.					
Principal Place of Business 13356 88TH AVENUE NORTH SEMINOLE, FL 33776			Mailing Address 13356 88TH AVENUE NORTH SEMINOLE, FL 33776		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212005 Chg-LP CR2E003 (10/03)	
City & State		City & State		4. FEI Number 59-3382356	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHWARTZ FAMILY MANAGEMENT COMPANY 13356 88TH AVENUE NORTH SEMINOLE, FL 33776			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 <u>Maurice L. Binderman</u> DATE <u>1/30/05</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$8,000,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P96000025540		STREET ADDRESS		
NAME	SCHWARTZ FAMILY MANAGEMENT COMPANY		CITY - ST - ZIP		
STREET ADDRESS	13356 88TH AVENUE NORTH				
CITY - ST - ZIP	SEMINOLE, FL 33776				
DOCUMENT #			STREET ADDRESS		
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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)(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: <u>X</u>			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		
			Date <u>X</u> Daytime Phone #		

STAPLE CHECK HERE