

**FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY -5 PM 1:32



1. Name of Limited Partnership CHICK SCHNIER, LTD.	1a. DOCUMENT # A96000001709
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Mailing Address 102 EAST ISLAND AVENUE PALM BEACH GARDENS FL 33481		Principal Office Address 102 EAST ISLAND AVENUE PALM BEACH GARDENS FL 33481		3. Date Formed or Registered 09/13/1996	5a. Capital Contributions as Shown on record. S.A. 2008.00 Filed 55-97
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: new
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 65-0559853	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	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 RYAN, JAMES H ESQ. 701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH FL 33408	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002167688--9 Suite, Apt. #, etc. -05/06/97--01082--007 City ****156.25 ****156.25 FL
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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) _____ DATE _____

**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) CHICK SCHNIER ENTERPRISES, I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 102 EAST ISLAND AVENUE	11b. City, State & Zip Code PALM BEACH GARDENS FL	11c. Registration/Document Number P84000089079
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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 *Charles Schnier* DATE ✓ 4-9-97
Typed or Printed Name of General Partner Signing Form CHARLES SCHNIER Daytime Telephone Number (561) 626-7955

CR2E003 (11/96)