

**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

1a. DOCUMENT #  
**A96000001709**

**CHICK SCHNIER, LTD.**



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. 2,000.00  
Filed 5-5-97

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

2000

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

65-0559833

Applied For  
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip

Country

Zip

Country

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  
Zip Code

FL

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

PB4000089079

Handwritten initials and number 55

**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

Handwritten signature of 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)