

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Brenda McPherson Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership		1a. DOCUMENT # A98000002300		I HEREBY CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM IS TRUE AND CORRECT AND THAT I AM A GENERAL PARTNER OF THE LIMITED PARTNERSHIP, REMOVER OR TRUSTEE	
CARROLLWOOD PROFESSIONAL CENTER I, LTD.					
2. Mailing Address		2a. Principal Office Address		3. Date Formed or Registered	
SCHMIDT INVESTMENTS LIMITED PARTNERSHIP 230 E. KILBOURNE AVE., SUITE 1454 MILWAUKEE WI 53202		SCHMIDT INVESTMENTS LIMITED PARTNERSHIP 230 E. KILBOURNE AVE., SUITE 1454 MILWAUKEE WI 53202		12/12/1996	
2. Mailing Address		2a. Principal Office Address		3b. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State of Country of Formation	
City & State		City & State		FL	
Zip		Country		6. FIM Number	
				58-2273622	
				7. Certificate of Status Desired	
				8. State check payable for Dept. of State (See reverse side for fee information)	
				8b. Amount of Capital Contributions in Florida to date	
				8c. Amount of Capital Contributions in Florida to date	
				8d. Applied For Not Applicable	
				8e. 75 additional fee required	
				8f. 75 additional fee required	
				8g. 75 additional fee required	
				8h. 75 additional fee required	
				8i. 75 additional fee required	
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