


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership S-B PROPERTIES NO. 17, LIMITED PARTNERSHIP		1a. DOCUMENT # A96000002301	
Mailing Address % THE BOULDER VENTURE 1123 OVERCASH DR. DUNEDIN FL 34698		Principal Office Address % THE BOULDER VENTURE 1123 OVERCASH DR. DUNEDIN FL 34698	
2. Mailing Address 330 E. Kilbourn Ave. Suite, Apt. #, etc. Suite 1454 City & State Milwaukee, WI Zip 53202 Country USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 31 PM 3:46



3. Date Formed or Registered 12/12/1996	5a. Capital Contributions as Shown on record. \$1.00
3a. Date of Last Report 05/01/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$1.00
4. State or Country of Formation FL	6. FEI Number 58-2273404
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent HUDOBA, STEPHEN M ESQUIRE HILL, WARD & HENDERSON, P.A. 101 E. KENNEDY BLVD., SUITE 3700 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) SCHMIDT INVESTMENTS LIMITED	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 330 E. KILBOURN AVE., Suite 1454	11b. City, State & Zip Code MILWAUKEE WI 53202	11c. Registration/Document Number A32131
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******156.25 ****156.25**

52.50 103.75 DEC

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

DATE

Typed or Printed Name of General Partner Signing Form **Robert E. Schmidt III, Alternate General Partner** Daytime Telephone Number **414-271-5385**

CR2E003 (6/97)