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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

LIMITED PARTNERSHIP ANNUAL REPORT 1997

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

1. Name of Limited Partnership

1a. DOCUMENT # A96000002301

S-B PROPERTIES NO. 17, LIMITED PARTNERSHIP

Mailing Address
% THE BOULDER VENTURE
1123 OVERCASH DR.
DUNEDIN FL 34698

Principal Office Address
% THE BOULDER VENTURE
1123 OVERCASH DR.
DUNEDIN FL 34698

3. Date Formed or Registered: 12/12/1996

3a. Date of Last Report

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on Record: $1.00

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

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

6. FEI Number: 58-2273404 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $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

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 ...) 600002167705--1

Suite, Apt. #, etc. 05/06/97--01092--011

*****468.75 *****156.25

City FL Zip Code

10a. Pursuant to the provisions of sections 620.1061 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SCHMIDT INVESTMENTS LIMITED	330 E. KILBOURN AVE.,	MILWAUKEE WI 53202	A92131

returned w/thin time frame - lw

dcc 156.25

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 effect 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 4-8-97

Typed or Printed Name of General Partner Signing Form ______ Daytime Telephone Number ______