## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** A96000002376

SECRETARY OF STATE DIVISION OF CORPORATIONS

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CCHI ITT	<b>PROPERTIES</b>	OF IN	IDIAN		LTD
SOULIII	PROPER HES	OF III	IUIAIV	HIVEH,	LID.

SCHLITT PROPERTIES OF INDIAN RIVER, LTD.						
Principal Office Address  9420 BUCKINGHAMMOCK TRAIL  9420 BEACH FL 32960  9420 BEACH FL 32960  9420 BEACH FL 32960		3, Date Formed or Registered  12/19/1996  3a, Date of Last Report  10/29/1997	5a. Capital Contributions as Shown on record. \$330,000.00  5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation  FL  6. FEI Number	to date:		
Suite, Apt. #, etc.  City & State	City & State	Suite, Apt. #, etc.  City & State		Applied For Not Applicable		
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required  State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
FENNELL, TODD W ESQUIRE  979 BEACHLAND BLVD.  VERO BEACH FL 32963  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named for the purpose of changing its registered office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.						
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 (Do NOT Use Post Office B	al Partner	1b. City, State & Zip Code	11c. Registration/ Document Number		
SCHLITT, FRANK J SR. SCHLITT, MARY L	3420 BUCKINGHAMMOC	3420 BUCKINGHAMMOCK T				
orient, man e			VERO BEACH FL 32960 (3) (1) (1) (2) (2) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	770658 1 /9301127010 26.25 ****\$26.25		
Note: General partners MAY N	OT be changed on this form	n: an amen	dment must be filed to ch	ange a general partner.		
12. I do hereby certify that the information supplied	<del></del>	t qualify for the exe	mption stated in Section 119.07(3)(k), Florida 5	Statutes, I release the Division of		

this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further co	ertify 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 Man S. Schlick	DATE 1/4/99
	— — — — — — — — — — — — — — — — — — —
Typed or Printed Name of General Partner Signified Form	Daytime Telephone Number