



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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN 22 AM 9:46 #127	
1. Name of Limited Partnership		1a. DOCUMENT # <b>A97000000302</b>			
SCHWERIN REALTY COMPANY, LTD.					
Mailing Address 890 SEAWARD DRIVE INDIAN RIVER SHORES FL 32963		Principal Office Address 890 SEAWARD DRIVE INDIAN RIVER SHORES FL 32963		3. Date Formed or Registered 01/31/1997	
				5a. Capital Contributions as Shown on record. \$245,000.00	
				3a. Date of Last Report	
				5b. Amount of Capital Contributions in FLORIDA to date.	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		6. FEI Number 65-0722040 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$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 SCHWERIN, WARREN L 890 SEAWARD DRIVE INDIAN RIVER SHORES FL 32963		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
11c. Registration/Document Number					
WHITNEY-SCHERWIN ASSOCIATES,		890 SEAWARD DRIVE		INDIAN RIVER SHORES F	
P97000010191					
		200002415162--1 -01/28/98--01098--020 ****541.25 ****541.25			
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 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 _____		Warren L. Schwerin		DATE 1/12/98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number		914-694-1090	

CR2E003 (6/97)