2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000000302**

1. Entity Name

SCHWERIN REALTY COMPANY, LTD.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5070 NORTH HIGHWAY A1A. SUITE 205 VERO BEACH FL 32963	% RELATED PROPERTIES 2 MANHATTANVILLE RD. PURCHASE NY 10577

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**DUE BY SEPTEMBER 26, 2001**
City & State	City & State	**4.** FEI Number **65-0722040**
Zip	Country	Zip	Country	**5.** Certificate of Status Desired ☐	**$8.75** Additional Fee Required

Applied For / Not Applicable

6. Name and Address of Current Registered Agent	**7.** Name and Address of New Registered Agent
SCHWERIN, WARREN L 5070 NORTH HIGHWAY A1A, SUITE 205 VERO BEACH FL 32963	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. Capital Contributions as Shown on record. **$245,000.00**	**10.** Amount of Capital Contributions in FLORIDA to date.	**11.** MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	**13.**	ADDRESS CHANGES ONLY
DOCUMENT # P97000010191 NAME WHITNEY-SCHERWIN ASSOCIATES, INC. STREET ADDRESS 5070 NORTH HIGHWAY A1A, SUITE 205 CITY-ST-ZIP VERO BEACH FL 32963	STREET ADDRESS CITY-ST-ZIP	000004560110——1 –08/28/01--01068--005 ****926.25 ****926.25
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CR2E003 (5/01)

STAPLE CHECK HERE

14. I 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 further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ WARREN L. SCHWERIN 8-10-01 914-694-1090

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   Date   Daytime Phone #