


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 01, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000001382		
1. Entity Name CHARTER OFFICE BUILDING, LTD.		

Principal Place of Business 399 N.W. BOCA RATON BLVD BOCA RATON, FL 33432	Mailing Address 399 N.W. BOCA RATON BLVD BOCA RATON, FL 33432
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



03242004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent SCHMIDT, RICHARD L 399 N.W. BOCA RATON BLVD BOCA RATON, FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$2,190,658.00	10. Amount of Capital Contributions in FLORIDA to date. \$2,190,658	FILING FEE: \$526.25
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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 #	L99271	STREET ADDRESS	
NAME	SCHMIDT COMPANIES, INC.	CITY-ST-ZIP	
STREET ADDRESS	399 N.W. BOCA RATON BLVD		
CITY-ST-ZIP	BOCA RATON, FL 33432		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

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:  DATE: 3/30/04 DAYTIME PHONE: 361 392-4717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE