

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 FEB -2 AM 10:21

DOCUMENT # A97000001850

1. Entity Name
PAUL SCHWARTZ FAMILY PARTNERSHIP, LLLP



Principal Place of Business
933 SEDDON COVE WAY
TAMPA, FL 33602

Mailing Address
933 SEDDON COVE WAY
TAMPA, FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142005 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3465689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHWARTZ, PAUL
933 SEDDON COVE WAY
TAMPA, FL 33602

Name
William H. Cauthen, Esq.

Street Address (P.O. Box Number is Not Acceptable)

215 N. Joanna Avenue

City
Tavares

FL

Zip Code
32778

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

William H. Cauthen
Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$6,587,319.00

10. Amount of Capital Contributions
in FLORIDA to date. 6,587,319.00

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
SCHWARTZ, PAUL
933 SEDDON COVE WAY
TAMPA, FL 33602

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
FUNK, CAROL
924 GOLF VIEW
TAMPA, FL 33629

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
TROPP, NANCY
5107 SOUTH NICHOL STREET
TAMPA, FL 33611

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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02/14/05--01013--018 **526.25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/28/05
Date

813 351-1221
Daytime Phone #

STAPLE CHECK HERE