



**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 AUG 29 AM 9:07

<b>DOCUMENT # A97000001850</b> 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 601 BAYSHORE BLVD. Suite, Apt. #, etc. 650		3. Mailing Address 601 BAYSHORE BLVD. Suite, Apt. #, etc. 650			
City & State TAMPA, FL Zip 33606		City & State TAMPA, FL Zip 33606		4. FEI Number 59-3465689	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  CAUTHEN, WILLIAM H ESQUIRE 215 N. JOANNA AVE. TAVARES, FL 32778			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$500.00</b> <b>Due by September 6, 2006</b>				In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	WILLIAM H CAUTHEN & CHARLES B FUNK, TRUSTEE		CITY - ST - ZIP		
STREET ADDRESS	215 N. JOANNA AVENUE				
CITY - ST - ZIP	TAVARES, FL 32778				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	FUNK, CAROL S		CITY - ST - ZIP		
STREET ADDRESS	924 GOLF VIEW DR				
CITY - ST - ZIP	TAMPA, FL 33629				
DOCUMENT #	NAME		STREET ADDRESS		
NAME	TROPPE, NANCY S TRUSTEE		CITY - ST - ZIP		
STREET ADDRESS	5107 SOUTH NICHOL STREET				
CITY - ST - ZIP	TAMPA, FL 33611				
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CITY - ST - ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>William H. Cauthen</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			8-24-06 352-342-2225 <small>Date Daytime Phone #</small>		

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