

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
May 03, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000001850

1. Entity Name
PAUL SCHWARTZ FAMILY PARTNERSHIP, LLLP



Principal Place of Business
**601 BAYSHORE BLVD
SUITE 650
TAMPA, FL 33606**

Mailing Address
**601 BAYSHORE BLVD
SUITE 650
TAMPA, FL 33606**



04302007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

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

**CAUTHEN, WILLIAM H ESQUIRE
215 N. JOANNA AVE.
TAVARES, FL 32778**

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**CAROL S. FUNK, TRUSTEE OF THE CAROL S. FUN
601 BAYSHORE BLVD. SUITE 650
TAMPA, FL 33619**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**NANCY SCHWARTZ TOPP, TRUSTEE OF THE NANCY
5107 SOUTH NICHOL STREET
TAMPA, FL 33611**

DOCUMENT #
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05/25/07-80012-024 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE