FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A97000002092

FILED

98 OCT 29 AM 8: 49

SECRETAR 1 OF STATE TALLAHASSEE, FLORIDA

SCHULTE INVESTMENTS, LTI	D.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
25011 PENNY ROYAL DRIVE BONITA SPRNGS FL 34134	25011 PENNY ROYAL DRIVE BONITA SPRNGS FL 34134		09/26/1997 3a. Date of Last Report 01/26/1998	\$7,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		7.000. W	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State	City & State			
Zip Country	Zip	Country	7. Certificate of Status Desired	Fee Required	
			6. Make check payable to: Dept. of St	ate (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
Name COLITIE DONN A		Name			
SCHULTE, DONN A 25011 PENNY ROYAL DRIVE		Street Address (F	Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.	Suite, Apt. #, etc.		
		City	· ·	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 at for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of Florida				
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number	
SCHULTE HOLDING COMPANY	25011 PENNY ROYAL DRI		BONITA SPRINGS FL 339	P97000072863	
			3000026 -11/03/3	79233o 801053018	
,			****14	1.25 ****141.25	
. •				AL OCT 2 9 1998	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12 I do heraby certify that the information symption symption distributes I release the Division of					

Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on el report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee of to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form