


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2006**

**FILED**

**May 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A98000000418</b> 1. Entity Name <b>THE SCHECK FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>263 LELY BEACH BLVD., PH-1 BAREFOOT BEACH CLUB BONITA SPRINGS FL 34134</b>	Mailing Address <b>263 LELY BEACH BLVD., PH-1 BAREFOOT BEACH CLUB BONITA SPRINGS FL 34134</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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1st MOORE	CR2E003 (10/05)
4. FEI Number <b>52-2080317</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>SCHECK, LEONARD M 263 LELY BEACH BLVD., PH-1 BAREFOOT BEACH CLUB BONITA SPRINGS FL 34134</b>
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 **05/01/06**  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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	<b>SCHECK, LEONARD M</b>
STREET ADDRESS	<b>263 LELY BEACH BLVD., PH-1</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>
DOCUMENT #	
NAME	<b>SCHECK, KAREN S</b>
STREET ADDRESS	<b>263 LELY BEACH BLVD., PH-1</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL 34134</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>000000553850</b>
CITY-ST-ZIP	<b>05/15/06-80070-002 500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

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 Leonard Scheck **LEONARD SCHECK** 05/01/06 2399923882  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #