


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000001119	
1. Entity Name SCHWARTZ INVESTMENTS OF SARASOTA, LTD.	

Principal Place of Business 1211 GULF OF MEXICO DRIVE, #512 LONGBOAT KEY, F3 34228	Mailing Address 1211 GULF OF MEXICO DRIVE, #512 LONGBOAT KEY, F3 34228
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



04082005 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0834519	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DARNELL, ROBERT W 2033 MAIN STREET, SUITE 400 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$980,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	SCHWARTZ, B. ROBERT	STREET ADDRESS	U000000331270
NAME	1211 GULF OF MEXICO DRIVE, #512	CITY - ST - ZIP	04/26/05-80008-025 526.25
STREET ADDRESS	LONGBOAT KEY, F3 34228		
CITY - ST - ZIP			
DOCUMENT #	SCHWARTZ, MARILYN W	STREET ADDRESS	
NAME	1211 GULF OF MEXICO DRIVE, #512	CITY - ST - ZIP	
STREET ADDRESS	LONGBOAT KEY, F3 34228		
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: B. Robert Schwartz 4/23/05 941-383-2790
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE