2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
Mar 10, 2008 08:00 A
Secretary of State

DOCUMENT # A98000001793

1. Entity Name:

J & J SCHMIDT FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
C/O CORNERSTONE REALTY, INC. 8233 GATOR LANE, SUITE 18 WEST PALM BEACH FL 33411	C/O CORNERSTONE REALTY, INC. 8233 GATOR LANE, SUITE 18 WEST PALM BEACH FL 33411

1st MOORE CR2E003 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-6282956 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHMIDT, FREDERICK J 8233 GATOR LANE, SUITE 18 WEST PALM BEACH FL 33411	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	SCHMIDT, FREDERICK J		
STREET ADDRESS	8233 GATOR LANE, SUITE 18	CITY-ST-ZIP	U00000854283 03/27/08--80001--017 500.00
CITY-ST-ZIP	WEST PALM BEACH FL 33411		
DOCUMENT #		STREET ADDRESS	
NAME	SCHMIDT, JEANNE T		
STREET ADDRESS	1251 CROWNE POINT	CITY-ST-ZIP	
CITY-ST-ZIP	WELLINGTON FL 33414		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
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: Frederick J Schmidt
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #