

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

1st MOORE CR2E003 (10/07)

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 SCHMIDT, FREDERICK J 8233 GATOR LANE, SUITE 18 WEST PALM BEACH FL 33411	
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7. Name and Address of New Registered Agent	
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.

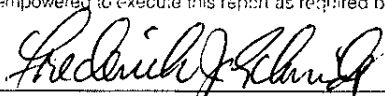
SIGNATURE _____
Signature typed or printed name of registered agent and fee applicator CATL

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	CITY - ST - ZIP	000000854283
STREET ADDRESS	8233 GATOR LANE, SUITE 18		03/27/08-80001-017 500.00
CITY - ST - ZIP	WEST PALM BEACH FL 33411		
DOCUMENT #		STREET ADDRESS	
NAME	SCHMIDT, JEANNE T	CITY - ST - ZIP	
STREET ADDRESS	1251 CROWNE POINT		
CITY - ST - ZIP	WELLINGTON FL 33414		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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

STAPLE CHECK HERE