


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # A98000002663
 1. Entity Name
 THE SCHREIBER FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 VIRGINIA T. SCHREIBER
 4330 DEERING ST.
 MARIANNA, FL 32446

Mailing Address
 VIRGINIA T. SCHREIBER
 4330 DEERING ST.
 MARIANNA, FL 32446

2. Principal Place of Business
 Suite, Apt. # etc.

3. Mailing Address
 Suite, Apt. # etc.

City & State

City & State

Zip Country

Zip Country



03032005 Chg-LP CR2E003 (10/03)

4. FLI Number
 59-3541555

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 SCHREIBER, VIRGINIA T
 4330 DEERING STREET
 MARIANNA, FL 32446

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 _____ DATE _____

9. Capital Contributions as Shown on record \$1,000,000.00

10. Amount of Capital Contributions in FLORIDA to date

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 # NAME STREET ADDRESS CITY-ST-ZIP	SCHREIBER, VIRGINIA T 4330 DEERING STREET MARIANNA, FL 32446	STREET ADDRESS	
		CITY-ST-ZIP	
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		CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Virginia T Schreiber #1/2/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE LISTED PERIOD