

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016622 AF

**DOCUMENT #** A99000001082

**1. Entity Name**  
SR 64, LTD.

**FILED** *W 9/15*  
01 MAY 15 PM 3:52

**Principal Place of Business**  
330 E. KILBOURNE AVE., SUITE 1454  
MILWAUKEE WI 53202

**Mailing Address**  
330 E. KILBOURNE AVE., SUITE 1454  
MILWAUKEE WI 53202

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



**2. Principal Place of Business**  
4340 W. Hillsborough Ave.  
Suite, Apt. #, etc. Suite # 212  
City & State Tampa, FL  
Zip 33614 Country Hillsborough

**3. Mailing Address**  
4340 W. Hillsborough Ave.  
Suite, Apt. #, etc. Suite # 212  
City & State Tampa, FL  
Zip 33614 Country Hillsborough

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 39-1966143 **Applied For**  
Not Applicable

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

**6. Name and Address of Current Registered Agent**  
CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD.  
1600 MIAMI CENTER  
MIAMI FL 33131

**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.**

**SIGNATURE** \_\_\_\_\_ Signature, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**9. Capital Contributions as Shown on record** \$100 - ~~\$100,000.00~~ *See attached* **10. Amount of Capital Contributions in FLORIDA to date.** **11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION**

**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 #	A32131
NAME	SCHMIDT INVESTMENTS LIMITED PARTNERSHIP
STREET ADDRESS	330 E. KILBOURNE AVE., SUITE 1454
CITY - ST - ZIP	MILWAUKEE WI 53202
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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	4340 W. Hillsborough Ave., #212
CITY - ST - ZIP	Tampa, FL 33614
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
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)(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:** \_\_\_\_\_ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **DATE** \_\_\_\_\_ **Daytime Phone #** \_\_\_\_\_

CR2E003 (11/00)