

**2004 LIMITED PARTNERSHIP ANNUAL REPORT****Due By May 1, 2004****FILED****Apr 13, 2004 08:00 AM****Secretary of State****DOCUMENT # A99000001398**

1. Entity Name

SCHUTZENDORF LIMITED PARTNERSHIP, L.L.P.

Principal Place of Business  
19029 U.S. HWY. 19 NORTH  
BUILDING 8, UNIT 9  
CLEARWATER, FL 33764Mailing Address  
436 POINSETTIA AVENUE  
CLEARWATER, FL 33767

02032004

Chg-LP

CR2E003 (10/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

59-3597048

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GASSMAN, ALAN S  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756

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 title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

\$800,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$800,000

**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

SCHUTZENDORF, GILBERT H TRUSTEE  
19029 U.S. HWY. 19 NORTH, BLDG 8, UNIT 9  
CLEARWATER, FL 33764

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

SCHUTZENDORF, ALICE MAY C TRUSTEE  
19029 U.S. HWY. 19 NORTH, BLDG 8, UNIT 9  
CLEARWATER, FL 33764

STREET ADDRESS

CITY-ST-ZIP

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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

4-6-04

Date

727-446-3349

Daytime Phone #

STAPLE CHECK HERE