2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A99000001398

1. Entity Name
SCHUTZENDORF LIMITED PARTNERSHIP, L.L.P.

FILED
Apr 18, 2005 08:00 AM
Secretary of State

Principal Place of Business
19029 U.S. HWY. 19 NORTH
BUILDING 8, UNIT 9
CLEARWATER, FL 33764

Mailing Address
436 POINSETTIA AVENUE
CLEARWATER, FL 33767

01062005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number
59-3597048
Applied For
Not Applied

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 accep the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. $800,000.00

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 #		STREET ADDRESS	
NAME	SCHUTZENDORF, GILBERT H TRUSTEE		
STREET ADDRESS	19029 U.S. HWY. 19 NORTH, BLDG 8, UNIT 9	CITY-ST-ZIP	
CITY-ST-ZIP	CLEARWATER, FL 33764		
DOCUMENT #		STREET ADDRESS	
NAME	SCHUTZENDORF, ALICE MAY C TRUSTEE		
STREET ADDRESS	19029 U.S. HWY. 19 NORTH, BLDG 8, UNIT 9	CITY-ST-ZIP	U01000314967
CITY-ST-ZIP	CLEARWATER, FL 33764		04/19/05 00015 010 526.25
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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 the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

ALICE MAY C SCHUTZENDORF

SIGNATURE: Alice May C Schutzendorf 4/8/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #