2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001428Z AT

DOCUMENT # A99000001398

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

FILED
03 APR 15 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
~~19029 U.S. HWY. 19 NORTH~~
~~BUILDING 8, UNIT 9~~
~~CLEARWATER FL 33764~~

2. Principal Place of Business	3. Mailing Address
	436 Poinsettia Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Clearwater FL
Zip / Country	Zip: 33767 / Country: Pinellas

DUE BY MAY 1, 2003

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 ______________________________ 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.

11. MAKE CHECK PAYABLE TO FL. 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		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	500016084955 04/15/03--01030--004 **526.25
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CR2E003 (10/02)

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] SIGNATURE REQUIRED 4/9/03 727-446-3349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #