2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

DOCUMENT # A99000001469

1. Entity Name SCHWARTZ FAMILY REALTY, LTD.

Principal Place of Business



Mailing Address

11714 BRIARWOOD CIRCLE BOYNTON BEACH, FL 33437 11714 BRIARWOOD CIRCLE BOYNTON BEACH, FL 33437

FILED Apr 02, 2007 08:00 Al Secretary of State



03272007 No Chg-LP

CR2E003 (12/06)

4. FEI Number	Applied For
65-0948530	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

SCHWARTZ, IRVING

	IARWOOD CIRCLE N BEACH, FL 33437	IN THIS SPACE
the obliga	e named entity submits this statement for the purpose of changing tions of registered agent.	its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE
•	FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$9	
	NOTE: General Partners MAY NOT be changed on	ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. the form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	The second secon
DOCUMENT / NAME	SCHWARTZ, IRVING H	
STREET ADDRESS	11714 BRIARWOOD CIRCLE	The state of the s
CITY-ST-ZIP	BOYNTON BEACH, FL 33437	
DOCUMENT #		T - 7
NAME		04/10/07-80054-021 500.00
STREET ADDRESS CITY-ST-ZIP		Company of the second of the s
DOCUMENT / NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		In a large of the second o
DOCUMENT /		IN THIS SPACE
NAME STREET ADDRESS		
CITY-ST-ZIP		the state of the s
DOCUMENT #		
NAME	_	and the state of t
STREET ADDRESS	`	
CITY-ST-ZIP		
DOCUMENT / NAME		
STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 be execute this report as required by Chapter 620, florida Statutes.

CITY-ST-ZIP

STAPLE CHECK HERE