


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0014773 AT

DOCUMENT # A99000001932


1. Entity Name
THE SCHREIBER PARTNERSHIP, LTD.



FILED

03 MAR 24 AM 9:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**549 POPE AVENUE, N.W.
WINTER HAVEN FL 33881**

Mailing Address
**549 POPE AVENUE, N.W.
WINTER HAVEN FL 33881**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

DUE BY MAY 1, 2003

4. FEI Number **59-3614217**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHREIBER, MARK
549 POPE AVENUE, N.W.
WINTER HAVEN FL 33881**

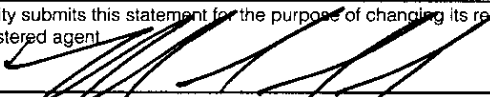
7. Name and Address of New Registered Agent

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. **\$1,000.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P95000077541 SCHREIBER GROIVES, INC. 549 POPE AVENUE, N.W. WINTER HAVEN FL 33881
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	200014552502 03/24/03--01058--006 **141.25
STREET ADDRESS	
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CITY-ST-ZIP	
STREET ADDRESS	M THOMAS
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:  **MARK E. Schreiber** 7/20/03 863-291-0731

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)