


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 6, 2006

FILED
Aug 30, 2006 08:00 A
Secretary of State

DOCUMENT # B98000000135 1. Entity Name SCHLEGEL HOLDINGS, L.P.	
---	---

Principal Place of Business 5801 BRIDLEWAY CIRCLE BOCA RATON, FL 33496	Mailing Address 50 - 20 IRELAND ST ELMHURST, NY 11373
--	---



08232006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 65-0804574	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
--

**DO NOT WRITE
IN THIS SPACE**

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.

FILE NOW!!! FEE IS \$500.00
Due by September 6, 2006

In accordance with s. 607.193(2)(b), F.S.,
the limited partnership did not receive the
prior notice.

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	SCHLEGEL, JACK
STREET ADDRESS	5801 BRIDLEWAY CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33496
DOCUMENT #	
NAME	SCHLEGEL, STACY
STREET ADDRESS	5801 BRIDLEWAY CIRCLE
CITY-ST-ZIP	BOCA RATON, FL 33496
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000575656
08/30/06-80002-015 500.00

**DO NOT WRITE
IN THIS SPACE**

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 to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

8/24/06 718-446-5000
Date Daytime Phone #

STAPLE CHECK HERE