2025 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Feb 06, 2025
Secretary of State
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Entity Name: SCHAFER, TSCHOPP, WHITCOMB, MITCHELL & SHERIDAN, LLLP

Current Principal Place of Business:

541 S. ORLANDO AVE., SUITE 300
MAITLAND, FL 32751

Current Mailing Address:

541 S. ORLANDO AVE., SUITE 300
MAITLAND, FL 32751

FEI Number: 26-1472386

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHAFER, MICHAEL R
541 S. ORLANDO AVE., SUITE 300
MAITLAND, FL 32751 US

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.

SIGNATURE:

Electronic Signature of Registered Agent — Date

General Partner Detail :

Document #	P95000045453
Name	TSCHOPP & WHITCOMB, P.A.
Address	541 S ORLANDO AVE STE 312
City-State-Zip:	MAITLAND FL 32751

Document #	P07000124396
Name	MICHAEL R. SCHAFER,P.A.
Address	541 S. ORLANDO AVE., SUITE 300
City-State-Zip:	MAITLAND FL 32751

Document #	P07000127175
Name	JOSEPH P. MITCHELL, P.A.
Address	541 S. ORLANDO AVE., SUITE 300
City-State-Zip:	MAITLAND FL 32751

Document #	P07000123391
Name	STEPHEN J. SHERIDAN, P.A.
Address	541 S. ORLANDO AVE., SUITE 300
City-State-Zip:	MAITLAND FL 32751

Document #	P07000124397
Name	DANIEL M. HINSON, P.A.
Address	541 S. ORLANDO AVE., SUITE 300
City-State-Zip:	MAITLAND FL 32751

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH P MITCHELL PARNTER 02/06/2025

Electronic Signature of Signing General Partner Detail — Date