2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL -7 AM 9:42

DOCUMENT # A02000001627

1. Entity Name
SCHERER REALTY, LLLP

Principal Place of Business	Mailing Address
612 S.E. 5TH AVE. SUITE #6 FT LAUDERDALE, FL 33301	P.O. BOX 1182 FT LAUDERDALE, FL 33302

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

06292005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-6701724 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SCHERER, WILLIAM R PA 633 S. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301	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. $20,000,000.00	10. Amount of Capital Contributions in FLORIDA to date.	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	13.	ADDRESS CHANGES ONLY
DOCUMENT #		STREET ADDRESS	
NAME	SCHERER, WILLIAM R		
STREET ADDRESS	633 S. FEDERAL HIGHWAY	CITY-ST-ZIP	
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		
DOCUMENT #	GP0100000382	STREET ADDRESS	
NAME	CONRAD & SCHERER LLP		
STREET ADDRESS	633 S. FEDERAL HWY	CITY-ST-ZIP	800057644048 07/19/05--01006--021 **526.25
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
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STAPLE CHECK HERE

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] Administrator 7-1-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #