

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 12 AM 9:28

DOCUMENT # A02000001627 1. Entity Name SCHERER REALTY, LLLP	
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Principal Place of Business 612 S.E. 5TH AVE. SUITE #6 FT LAUDERDALE, FL 33301	Mailing Address P.O. BOX 1182 FT LAUDERDALE, FL 33302
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2. Principal Place of Business - No P.O. Box # 633 S. Federal Highway Suite, Apt. #, etc. 6th Floor City & State Ft. Lauderdale, FL Zip 33301 Country USA	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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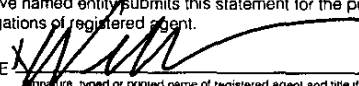
01122007 Chg-LP CR2E003 (12/06)

4. FEI Number 59-6701724	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SCHERER, WILLIAM R PA 633 S. FEDERAL HIGHWAY FT. LAUDERDALE, FL 33301	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____

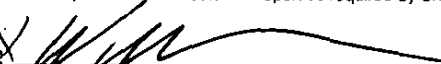
FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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 #	SCHERER, WILLIAM R	STREET ADDRESS	
NAME	633 S. FEDERAL HIGHWAY	CITY-ST-ZIP	
STREET ADDRESS	FT LAUDERDALE, FL 33301		
CITY-ST-ZIP			
DOCUMENT #	GP0100000382	STREET ADDRESS	
NAME	CONRAD & SCHERER LLP	CITY-ST-ZIP	
STREET ADDRESS	633 S. FEDERAL HWY		
CITY-ST-ZIP	FT. LAUDERDALE, FL 33301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

900088447239
 02/15/07 01030 017 **500.00

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  DATE _____ DAYTIME PHONE # _____

STAPLE CHECK HERE