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

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

01122007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
633 S. Federal Highway	
Suite, Apt. #, etc. 6th Floor	Suite, Apt. #, etc.
City & State Ft. Lauderdale, FL	City & State
Zip 33301 Country USA	Zip Country

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 X _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

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 #		STREET ADDRESS	
NAME	SCHERER, WILLIAM R	CITY-ST-ZIP	
STREET ADDRESS	633 S. FEDERAL HIGHWAY		
CITY-ST-ZIP	FT LAUDERDALE, FL 33301		
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	900088447239 02/15/07 01038 017 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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