

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 AUG 27 AM 9:49

W 8/27

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # A02000001627

1. Entity Name
SCHERER REALTY, LLLP



Principal Place of Business
C/O WILLIAM R SCHERER, P.A.
PO BOX 14723
FT LAUDERDALE, FL 33302

Mailing Address
C/O WILLIAM R SCHERER, P.A.
PO BOX 14723
FT LAUDERDALE, FL 33302

000015544760
04/09/03--01014--013 **526.25



2. Principal Place of Business
612 S.E. 5th Ave.
Suite, Apt. #, etc.
Suite #6

3. Mailing Address
P.O. Box 1182
Suite, Apt. #, etc.

City & State
Ft. Lauderdale, FL
Zip
33301

Country
Broward

City & State
Ft. Lauderdale, FL
Zip
33302

Country
Broward

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

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

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

9. Capital Contributions
as Shown on record. \$20,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO THE DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 #
NAME
STREET ADDRESS
CITY - ST - ZIP
SCHERER, WILLIAM R
PO BOX 14723
FT LAUDERDALE, FL 33302

STREET ADDRESS
CITY - ST - ZIP
633 S. Federal Highway
Ft. Lauderdale, FL 33301

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
Conrad & Scherer LLP
633 S. Federal Hwy.
Ft. Lauderdale, FL 33301

STREET ADDRESS
CITY - ST - ZIP

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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: William R. Scherer

SIGNATURE AND TITLES OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CFR2003 (10/01)