


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

S.Corp.

**FILED
Feb 19, 2007 08:00 AM
Secretary of State**

| | | | |
|---|---------|---|---------|
| DOCUMENT # A03000001246 | |  | |
| 1. Entity Name THE FEHLHABER INVESTMENTS FAMILY LIMITED PARTNERSHIP | | | |
| Principal Place of Business 2020 W. MCNAB ROAD FT. LAUDERDALE FL 33309 | | Mailing Address C/O ROBERT F. FEHLHABER 2020 W. MCNAB ROAD FT. LAUDERDALE FL 33309 | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt #, etc. | | 3. Mailing Address Suite, Apt #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |



1st MOORE CR2E003 (10/06)

| | | | |
|---|--|--|--|
| 4. FEI Number 57-1184790 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent WACHS, JEFFREY S ESQ. 1177 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316 | | 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is \$500. After May 1, 2007, fee will be \$900. ** Make check payable to Florida Department of State.

**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 | |
| | FEHLHABER, ROBERT F | | |
| STREET ADDRESS | 2020 W. MCNAB ROAD | CITY-ST-ZIP | 000000641455 |
| CITY-ST-ZIP | FT. LAUDERDALE FL 33309 | | 02/28/07-80108-005 500.00 |
| DOCUMENT # | NAME | STREET ADDRESS | |
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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: *[Signature]* **2/15/07** 954-971-3824
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #