

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**


FILED

2005 APR -8 PM 2: 24

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A03000001247**

1. Entity Name  
 THE FEHLHABER REAL ESTATE FAMILY LIMITED  
 PARTNERSHIP #1



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  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

01042005 Chg-LP CR2E003 (10/03)

City & State  
 Zip Country

4. FEI Number  
 APPLIED FOR 57-1184833

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

FEHLABER, ROBERT F  
 2020 W. MCNAB ROAD  
 FT. LAUDERDALE, FL 33309

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 filer if applicable.

9. Capital Contributions as Shown on record. \$5,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	FEHLHABER, ROBERT F	STREET ADDRESS	
NAME	2020 W. MCNAB ROAD	CITY-ST-ZIP	
STREET ADDRESS	FT. LAUDERDALE, FL 33309		
CITY-ST-ZIP			11111000255303 03/08/05-88000 025 141.25
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CITY-ST-ZIP			

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)(f), 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: *Juliana Fehlhaber* Date: 2/24/05 954-971-3821

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