


**2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2008**

**FILED**  
**Mar 03, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # A03000001247</b>	
1. Entity Name <b>THE FEHLHABER REAL ESTATE FAMILY LIMITED PARTNERSHIP #1</b>	

Principal Place of Business <b>2020 W. MCNAB ROAD FT. LAUDERDALE FL 33309</b>	Mailing Address <b>C/O ROBERT F. FEHLHABER 2020 W. MCNAB ROAD FT. LAUDERDALE FL 33309</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number <b>57-1184833</b>	Applied For: <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
<b>FEHLABER, ROBERT F 2020 W. MCNAB ROAD FT. LAUDERDALE FL 33309</b>	

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 \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable. DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2008, 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	
DOCUMENT #	
NAME	<b>FEHLHABER, ROBERT F</b>
STREET ADDRESS	<b>2020 W. MCNAB ROAD</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33309</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>1100000845322</b>
CITY-ST-ZIP	<b>03/18/08-80003-012 500.00</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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:**  **954-971-3821**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAYTIME PHONE #  
**Robert F. Fehlhaber/President**

STAPLE CHECK HERE