


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

Dallas Proceeds

FILED

**Feb 09, 2007 08:00 AM
Secretary of State**

DOCUMENT # A03000001248
1. Entity Name
**THE FEHLHABER REAL ESTATE FAMILY LIMITED
PARTNERSHIP #2**



Principal Place of Business Mailing Address
**2020 W. MCNAB ROAD
FT. LAUDERDALE FL 33309** **C/O ROBERT F. FEHLHABER
2020 W. MCNAB ROAD
FT. LAUDERDALE FL 33309**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

1st MOORE CR2E003 (10/06)
4. FEI Number Applied For
65-1202316 Not Applicable
5. Certificate of Status Desired **\$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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	FEHLHABER, ROBERT F	2020 W. MCNAB ROAD	FT. LAUDERDALE FL 33309
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

U00000630381
02/20/07-80003-013 500.00

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: *Robert F. Fehlhaber* Robert F. Fehlhaber 2/6/07 954-971-3821
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE