



# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL -8 AM 10:33

<b>DOCUMENT # A01000001307</b> 1. Entity Name <b>SCHROCK INVESTMENTS LLLP</b>					
Principal Place of Business <b>31425 ANDERSON DRIVE TAVARES, FL 32778</b>			Mailing Address <b>31425 ANDERSON DRIVE TAVARES, FL 32778</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		07012005    Chg-LP    CR2E003 (10/03)	
Zip		Country		4. FEI Number <b>59-3747678</b>	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>SCHROCK, MARGARET F 31425 ANDERSON DRIVE TAVARES, FL 32778</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City		
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. <b>\$3,500,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>3,500,000.00</b>		In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SCHROCK, MARGARET F TRUSTEE		CITY-ST-ZIP		
STREET ADDRESS	31425 ANDERSON DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	TAVARES, FL 32778		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	BURKHOLDER, GLORIA D		CITY-ST-ZIP		
STREET ADDRESS	3016 LAKE WOODWARD DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	EUSTIS, FL 32726		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	SCHROCK, SHARON I		CITY-ST-ZIP		
STREET ADDRESS	1635 125TH STREET		CITY-ST-ZIP		
CITY-ST-ZIP	WELLMAN, IA 52356		STREET ADDRESS		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	GINGERICH, JULIA R		CITY-ST-ZIP		
STREET ADDRESS	402 BLUEBERRY DRIVE		CITY-ST-ZIP		
CITY-ST-ZIP	EUSTIS, FL 32726		STREET ADDRESS		
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CITY-ST-ZIP			STREET ADDRESS		
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: <i>Margaret F. Schrock</i>			7/5/05 352-343-4821		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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