

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**DOCUMENT # A01000001307**

1. Entity Name  
**SCHROCK INVESTMENTS LLLP**



Principal Place of Business  
**31425 ANDERSON DRIVE  
TAVARES, FL 32778**

Mailing Address  
**31425 ANDERSON DRIVE  
TAVARES, FL 32778**

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

02262007

Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3747678**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SCHROCK, MARGARET F  
31425 ANDERSON DRIVE  
TAVARES, FL 32778**

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 title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00  
After May 1, 2007, Fee will be \$900.00**

**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  
**SCHROCK, MARGARET F TRUSTEE  
31425 ANDERSON DRIVE  
TAVARES, FL 32778**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**BURKHOLDER, GLORIA D  
3016 LAKE WOODWARD DRIVE  
EUSTIS, FL 32726**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SCHROCK, SHARON I  
1635 125TH STREET  
WELLMAN, IA 52356**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**GINGERICH, JULIA R  
402 BLUEBERRY DRIVE  
EUSTIS, FL 32726**

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**400092353064**  
03/13/07 01023 017 \*\*500.00

**31429 ANDERSON DRIVE  
TAVARES, FL 32778**

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:

*Margaret F. Schrock*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/5/07**

Date

**352-343-4821**

Daytime Phone #

**FILED**

**2007 MAR -7 AM 10:37**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



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