


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 01, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A01000001307</b> 1. Entity Name SCHROCK INVESTMENTS LLLP	
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Principal Place of Business 31425 ANDERSON DRIVE TAVARES, FL 32778	Mailing Address 31425 ANDERSON DRIVE TAVARES, FL 32778
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**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 59-3747678	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  SCHROCK, MARGARET F 31425 ANDERSON DRIVE TAVARES, FL 32778
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**DO NOT WRITE IN THIS SPACE**

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 \$500.00**  
**After May 1, 2008, 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 32728
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	SCHROCK, SHARON I 1635 125TH STREET WELLMAN, IA 52356
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	GINGERICH, JULIE R 31429 ANDERSON DRIVE TAVARES, FL 32778
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

U000000876760  
04/11/08-80086-016 500.00

**DO NOT WRITE IN THIS SPACE**

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 4/24/08 352-343-4821  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE