

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

**DOCUMENT # A03000000944**

1. Entity Name  
**THE GERALD W. SCHEUBLEIN FAMILY, LLLP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

07 JAN 26 AM 9:27

Principal Place of Business  
**8711 LAND O'LAKES BLVD.  
LAND O'LAKES, FL 34639-5816**

Mailing Address  
**8711 LAND O'LAKES BLVD.  
LAND O'LAKES, FL 34639-5816**



**DO NOT WRITE IN THIS SPACE**

01122007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**54-2118761**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**SCHEUBLEIN, GERALD W  
8711 LAND O'LAKES BLVD.  
LAND O'LAKES, FL 34639-5816**

**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

Signature, typed or printed name of registered agent and title if applicable.

100086798871

01/31/07 01017-012 DATE \*\*500.00

**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  
**SCHEUBLEIN, GERALD W  
8711 LAND O'LAKES BLVD.  
LAND O'LAKES, FL 346395816**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SCHEUBLEIN, KAREN  
8711 LAND O'LAKES BLVD.  
LAND O'LAKES, FL 346395816**

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

**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:**

*Karen Scheublein*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Karen Scheublein*  
1-17-07  
Date

Daytime Phone #

STAPLE CHECK HERE