

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A04000001898**

1. Entity Name  
**THE SCHRODER FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**2830 N.E. 52ND STREET  
FT. LAUDERDALE, FL 33308**

Mailing Address  
**2830 N.E. 52ND STREET  
FT. LAUDERDALE, FL 33308**



01312006 No Chg-LP

CRZE003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FLI Number  
**20-1997539**

Applied For  
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**

**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

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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  
**SCHRODER, DAVID V**  
STREET ADDRESS  
**2830 N.E. 52ND STREET**  
CITY-ST-ZIP  
**FT. LAUDERDALE, FL 33308**

DOCUMENT #

NAME  
**SCHRODER, COLLEEN**  
STREET ADDRESS  
**2830 N.E. 52ND STREET**  
CITY-ST-ZIP  
**FT. LAUDERDALE, FL 33308**

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000000424138  
02/18/06-80036-006 500.00

**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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**DAVID SCHRODER 2/1/06 954 788 1791**

STAPLE CHECK HERE