

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

041 -  
**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A06000000088**

1. Entity Name  
**SCHECHTER CAPITAL, LLLP**



Principal Place of Business  
**12765 W. FOREST HILL BLVD., SUITE 1307  
WELLINGTON, FL 33414**

Mailing Address  
**12765 W. FOREST HILL BLVD., SUITE 1307  
WELLINGTON, FL 33414**



04292008 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**20-4136561**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**JEFFREY A. DEUTCH, P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434**

**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

000000342203

05/29/08-80034-021 508.75

**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 # **P04000069005**  
NAME **SCHECHTER CAPITAL, INC.**  
STREET ADDRESS **12765 W. FOREST HILL BLVD., SUITE 1307**  
CITY-ST-ZIP **WELLINGTON, FL 33414**

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

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:**

*[Signature]*

**Rick Giles 4/ 29/08 561-333-3669**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE