

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 DEC 20 AM 11:17

1. Name of Limited Partnership	1a. DOCUMENT # A94000001037
THE SCHOLBERG FAMILY LIMITED PARTNERSHIP	



Mailing Address 1333 SANTA BARBARA BLVD. #449 CAPE CORAL FL 33991	Principal Office Address 1333 SANTA BARBARA BLVD. #449 CAPE CORAL FL 33991
2. Mailing Address C/O MALCOLM H. COX	2a. Principal Office Address C/O MALCOLM H. COX
Suite, Apt. #, etc. 1309 FOUNTAIN	Suite, Apt. #, etc. 1309 FOUNTAIN
City & State ANN ARBOR, MICHIGAN	City & State ANN ARBOR, MICHIGAN
Zip 48103 Country U.S.A.	Zip 48103 Country U.S.A.

3. Date Formed or Registered 07/29/1994	5a. Capital Contributions as Shown on record. \$37,500.00
3a. Date of Last Report 12/08/1995	5b. Amount of Capital Contributions in FLORIDA to date. 37,500
4. State or Country of Formation FL	6. FEI Number 65-0508481 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent COX, DOROTHY S 1333 SANTA BARBARA BLVD. #449 CAPE CORAL FL 33991	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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OK -
NO CHANGE

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) COX, DOROTHY S TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1333 SANTA BARBARA BL	11b. City, State & Zip Code CAPE CORAL FL 33920	11c. Registration/Document Number 600002051176--6 -01/08/97--01106--001 ****458.75 ****401.25
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CR2E003 (6/96)

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Dorothy S. Cox* DATE *11-8-96*