

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -4 AM 11:57

DOCUMENT # A94000001037

1. Entity Name
 THE SCHOLBERG FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 % MALCOLM H. COX
 1309 FOUNTAIN
 ANN ARBOR, MI 48103

Mailing Address
 % MALCOLM H. COX
 1309 FOUNTAIN
 ANN ARBOR, MI 48103

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

(A94000001037L)

01282004 Chg-LP CR2E003 (10/03)

4. FEI Number
 65-0508481

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HALL, RICHARD S CPA
 12730 NEW BRITTANY BLVD #408
 FT MYERS, FL 33907

7. Name and Address of New Registered Agent

Name RICHARD S. HALL, CPA
 Street Address (P.O. Box Number is Not Acceptable)
12730 NEW BRITTANY BLVD #305
 City FT. MYERS FL Zip Code 33907

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 Richard S. Hall, CPA DATE 1-28-04

9. Capital Contributions as Shown on record. \$37,500.00

10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	COX, DOUGLAS	CITY-ST-ZIP	
STREET ADDRESS	494 MORGAN CIRCLE		
CITY-ST-ZIP	NORTHVILLE, MI 48167		
DOCUMENT #		STREET ADDRESS	
NAME	COX, MALCOLM H	CITY-ST-ZIP	
STREET ADDRESS	1309 FOUNTAIN		
CITY-ST-ZIP	ANN ARBOR, MI 48103		
DOCUMENT #		STREET ADDRESS	
NAME	COX, ROBERT B	CITY-ST-ZIP	
STREET ADDRESS	801 W COON LAKE ROAD		
CITY-ST-ZIP	HOWELL, MI 48843		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 03/17/04 01011-019 **351.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Malcolm H. Cox Malcolm H. Cox 3/1/04 (734) 769-0635

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE