

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Feb 27, 2006 08:00 AM
Secretary of State

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**



01302006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

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 #305
FT MYERS, FL 33907**

**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.

**000000448417
03/09/06 80013-017 500.00**

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
STREET ADDRESS
CITY-ST-ZIP
**COX, DOUGLAS
494 MORGAN CIRCLE
NORTHVILLE, MI 48167**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**COX, MALCOLM H.
1309 FOUNTAIN
ANN ARBOR, MI 48103**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**COX, ROBERT B
801 W COON LAKE ROAD
HOWELL, MI 48843**

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:

Malcolm H. Cox **Malcolm H. Cox** **2/16/06 (734) 767-063**