

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 14, 2007

DOCUMENT # A94000001037

1. Entity Name
THE SCHOLBERG FAMILY LIMITED PARTNERSHIP



FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 JUL 18 PM 2:16

Principal Place of Business
% MALCOLM H. COX
PO BOX 657
CEDAR KEY, FL 32625

Mailing Address
% MALCOLM H. COX
PO BOX 657
CEDAR KEY, FL 32625



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

07052007 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name **Same Name**
 Street Address (P.O. Box Number is Not Acceptable)
15750 New Hampshire Ct.
Suite C
 City **Fort Myers** **FL** Zip Code **33908**

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 Richard S. Hall 7/5/07
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$500.00
Due by September 14, 2007

☒ In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS	600106488186 07/20/07--01032--007 **500.00
CITY-ST-ZIP	
STREET ADDRESS	PO Box 657
CITY-ST-ZIP	Cedar Key, FL 32625
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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 7/9/07 (734) 769-0635
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #