

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

**DOCUMENT # A94000001037**

1. Entity Name  
**THE SCHOLBERG FAMILY LIMITED PARTNERSHIP**



FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 MAR 11 AM 7:22

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02212008

Chg-LP

CR2E003 (12/06)

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**  
**15750 NEW HAMPSHIRE CT., SUITE C**  
**FT MYERS, FL 33908**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

DATE

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

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**COX, MALCOLM H**  
**PO BOX 657**  
**CEDAR KEY, FL 32625**

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

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

**a/o mbe # 108 143 Cady Centre**  
**Northville, MI 48167**

STREET ADDRESS

CITY-ST-ZIP

**900120011619**  
**03/12/08-01004-022 \*\*500.00**

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* **2/23/08 (352) 543-0123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #