

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A94000001037

FILED
Feb 07, 2009
Secretary of State

Entity Name: THE SCHOLBERG FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

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

New Principal Place of Business:

% MALCOLM H. COX
15750 NEW HAMPSHIRE CT. STE C
FT. MYERS, FL 33908 US

Current Mailing Address:

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

New Mailing Address:

PO BOX 657
CEDAR KEY, FL 326250657 US

FEI Number: 65-0508481

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, RICHARD S CPA
15750 NEW HAMPSHIRE CT., SUITE C
FT MYERS, FL 33908 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

GENERAL PARTNER INFORMATION:

Document #:

Name: COX, DOUGLAS
Address: C/O ME #108 143 CADY CENTRE
City-St-Zip: NORTHVILLE, MI 48167

Document #:

Name: COX, MALCOLM H
Address: PO BOX 657
City-St-Zip: CEDAR KEY, FL 32625

Document #:

Name: COX, ROBERT B
Address: 801 W COON LAKE ROAD
City-St-Zip: HOWELL, MI 48843

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

Address:
City-St-Zip:

Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD S. HALL CPA

RA

02/07/2009

Electronic Signature of Signing General Partner

Date