

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A94000001037

**FILED**  
**Feb 21, 2012**  
**Secretary of State**

**Entity Name:** THE SCHOLBERG FAMILY LIMITED PARTNERSHIP

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 657  
CEDAR KEY, FL 326250657 US

**New Mailing Address:**

**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

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

Document #:

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

Address:  
City-St-Zip:

I hereby 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

RA

02/21/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date