

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A96000001706

1. Entity Name
SCHRAUB FAMILY PARTNERSHIP, LTD.



FILED

Principal Place of Business
10 EDGEWATER DRIVE
APT 15D
CORAL GABLES, FL 33133

Mailing Address
10 EDGEWATER DRIVE
APT 15D
CORAL GABLES, FL 33133

2008 APR -9 PM 12: 35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

03262008 Chg-LP CR2E003 (12/06)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0700874

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHRAUB, EDGAR D
10 EDGEWATER DRIVE
APT 15D
CORAL GABLES, FL 33133

Name
Schraub, Shirley W.

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

Apt 15D

City
Coral Gables

FL

Zip Code
33133

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, 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME
SCHRAUB, SHIRLEY W
STREET ADDRESS
10 EDGEWATER DRIVE APT 15D
CITY-ST-ZIP
CORAL GABLES, FL 33133

STREET ADDRESS
CITY-ST-ZIP
000122041940
04/03/08--01034--008 **500.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Shirley W Schraub 3/31/08

303.669.4734