

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Jan 11, 2008 08:00 A
Secretary of State

DOCUMENT # A01000000857					
1. Entity Name MCMAHON FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 625 COURT STREET CLEARWATER, FL 33756			Mailing Address 625 COURT STREET CLEARWATER, FL 33756		
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		Country		01032008 Chg-LP CR2E003 (12/06)	
4. FEI Number 03-0395561				Applied For ☐ Not Applicable	
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		
NASH, THOMAS C 625 COURT STREET CLEARWATER, FL 33756			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, the registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title (if applicable)					
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 STREET ADDRESS CITY-ST-ZIP	MCMAHON HOLDINGS, LLC 625 COURT STREET CLEARWATER, FL 33756		STREET ADDRESS CITY-ST-ZIP	000000779821 01/11/08-80052-014 500.00	
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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: <i>J. McMahon</i>			01-09-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

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