2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED Apr 18, 2005 08:00 AM

DOCUMENT # A0200000474 1. Entity Name DONALD MCMAHON III FAMILY LIMITED PARTNERSHIP							Se	ecretary of Sta
Principal Place of Business 375 NORTH 9TH AVENUE PENSACOLA, FL 32503		Mailing Address 375 NORTH 9TH AVENUE PENSACOLA, FL 32503						
2. Principal P	Place of Business	3. Mail	ing Address	 -				
Suite, Apt	Suite, Apt #, etc.		Suite. Apt. #, etc.			02022005	Chg-LP	CR2E003 (10/03)
City & Stat	City & State		City & State			4. FEI Number 01-0739		Applied For Not Applica
Zıp	Country	Zip		Countr	У		of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Curre	nt Registere	d Agent		Name	7. Name and	Address of New	Registered Agent
375 NORT	N, DONALD III H 9TH AVENUE DLA, FL 32503		·		Street Address ((P.O. Box Number	is Not Acceptab	le)
			•	ŀ	City			FL Zip Code
8. The above the obligat	named entity submits this statement ions of registered agent.	for the purp	ose of changing its	s registered	d office or register	red agent, or both	, in the State of F	londa. I am familiar with, and acco
SIGNATURE	Signature, typed or printed name of registered ago	ent and title if anni	y , T	-			. 1. 1.	* DATE
9. Capital Co		11	D. Amount of Capit in FLORIDA to d		utions	<u></u>		
	A GENERAL PARTNER NOTE: General Partners N	THAT IS	A BUSINESS EN	NTITY MU	JST BE REGIS	TERED AND A	CTIVE WITH TI	HIS OFFICE. general partner.
12.	GENERÁL PARTN			13.				IANGES ONLY
DOCUMENT * NAME STREET ADDRESS	MCMAHON, DONALD III 3281 SEVILLE DRIVE	-		1	T ADDRESS			
CITY-ST-ZIP	PENSACOLA, FL 32503	_		CITY-		<u></u>	,	
NAME STREET ADDRESS				STREET CITY-S	T ADDRESS	······································		
ODCUMENT #						<u> </u>		0314254 -80158-018 526.25
NAME STREET ADDRESS		_		CITY-S	TADORESS ST-ZIP			00130 010 350150
CITY-ST-ZIP DOCUMENT # NAME				STREET	TADDRESS			
STREET ADDRESS		h.		City+5	ST - 21P			
DOCUMENT # NAME STREET ADDRESS				STREE	T ADDRESS.			
				CITY-8	51-ZIP		,	
DOCUMENT / NAME STREET ADDRESS				STREET CITY-S	T ADDRESS		<u></u>	<u> </u>
14. I hereby condicated the receiv	pertify that the information supplied wo on this report is true and accurate ar er or trustee empowered of execute	ith this filing nd that my sig this report as	does not qualify for gnature shall have required by Chap	r the exem the same oter 620, Fi	option stated in Se legal effect as if ri orida Statutes	ection 119.07(3)(i) nade under oath, i	, Florida Statutes. that I am a Gener	I further certify that the information at Partner of the limited partnership
SIGNAT	18.18	Mar	his	leno		nen, Itt	1/5/05 Date	850-484-7011 Dayting Phone *