2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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STAPLE

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A02000000474 06 APR -7 AM 10: 15 DONALD MCMAHON III FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 375 NORTH 9TH AVENUE 375 NORTH 9TH AVENUE PENSACOLA, FL 32503 PENSACOLA, FL 32503 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #. etc. 03212006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 01-0739632 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 0 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCMAHON, DONALD III astection Street Address (P.O. Box Number is Nor Acceptable) 375 NORTH 9TH AVENUE PENSACOLA, FL 32503 City 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 fan the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE FILE NOW!!! FEE IS \$500:00\ After May 1, 2006, 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # STREET ADDRESS NAME MCMAHON, DONALD III STREET ADDRESS 3281 SEVILLE DRIVE CITY - ST - ZIP CITY-ST-ZIP PENSACOLA, FL 32503 80007047469<u>8</u> DOCUMENT # 04/14/06--01070--015 **500.00 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 expowered to execute this report is required by Chapter 620. Florida Statutes

Danald McMal

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