2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED
May 03, 2007 08:00 AM
Secretary of State

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1. Entity Name

DONÁLD MCMAHON III FAMILY LIMITED PARTNERSHIP



Principal Place of Business

Mailing Address

375-A NORTH 9TH AVENUE PENSACOLA, FL 32502

375-A NORTH 9TH AVENUE PENSACOLA, FL 32502



DO NOT WRITE IN THIS SPACE

| 04232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number 01-0739632

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCMAHON, DONALD III 375-A NORTH 9TH AVENUE PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

	The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florithe obligations of registered agent.	da. I am familiar with, and accept
SIG	GNATURE	
	Signature, typed or printed name of registered agent and title if applicable	DATE

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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.

	·	NOTE: General Partners MAY NOT be changed on the f			
i	12.	GENERAL PARTNER INFORMATION			
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCMAHON, DONALD III 3281 SEVILLE DRIVE PENSACOLA, FL 32503			
•	DOCUMENT ≠ NAME STREET ADDRESS CITY-ST-ZIP				
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DO NOT WRITE IN THIS SPACE

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 empowers to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP
DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STAPLE CHECK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/ay/on

850-484-7011

Daylime Phone #