2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE



FILED Apr 11, 2008 08:00 Al Secretary of State

DOCUMENT # A02000000474

DONALD MCMAHON III FAMILY LIMITED PARTNERSHIP

Mailing Address

Principal Place of Business 375-A NORTH 9TH AVENUE PENSACOLA, FL 32502

375-A NORTH 9TH AVENUE PENSACOLA, FL 32502



04072008 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

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.	

12.

STAPLE CHECK HERE

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

GENERAL PARTNER INFORMATION

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

ı	146.	GENERAL TRANSPORT
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCMAHON, DONALD III 3281 SEVILLE DRIVE PENSACOLA, FL 32503
1	DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
	DOCUMENT #	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP