

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:40

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000001421

1. Entity Name
MAHAFFEY ASSOCIATES OCALA, LLLP



Principal Place of Business
**3700 POMPANO DR SE
ST PETERSBURG, FL 33705
100 - 2nd Ave So #302N
St. Petersburg, FL 33701**

Mailing Address
**3700 POMPANO DR SE
ST PETERSBURG, FL 33705
100 - 2nd Ave So #302N
St. Petersburg, FL 33701**



04072006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3427138

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**OCALA GENERAL PROPERTY, LLC
731 JAMESTOWN DR.
WINTER PARK, FL 32792**

**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.

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.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **L03000037336**
NAME **OCALA GENERAL PROPERTY, LLC**
STREET ADDRESS **731 JAMESTOWN DR.**
CITY-ST-ZIP **WINTER PARK, FL 32792**

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400075021784
05/22/06--01025--016 **500.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-10-06

Date

407-677-0650

Daytime Phone #

James W. Mahaffey

STAPLE CHECK HERE