



**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

| | |
|---|---|
| DOCUMENT # B0100000203 1. Entity Name MURRAY REAL ESTATE HOLDINGS, LLLP |  |
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|---|---|
| Principal Place of Business 407 C STREET ST. AUGUSTINE FL 32080 | Mailing Address 407 C STREET ST. AUGUSTINE FL 32080 |
|---|---|

| | | | |
|--|--|---------|---------|
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip | Country | Country |
|--|--|---------|---------|

JOHN - 1 AM 9:40
TALLAHASSEE FLORIDA

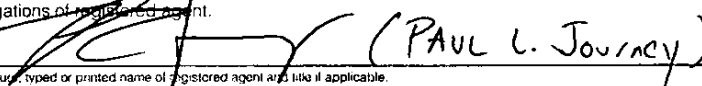


1st MOORE CR2E003 (10/05)

| | |
|--|--------------------------------|
| 4. FEI Number 59-3721475 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|--|---|
| 6. Name and Address of Current Registered Agent MURRAY, WILLIAM G 402 C STREET ST. AUGUSTINE FL 32080 | 7. Name and Address of New Registered Agent Name PAUL LESLIE JOURNEY Street Address (P.O. Box Number is Not Acceptable) 407 C Street City ST. AUGUSTINE FL Zip Code 32080 |
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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.

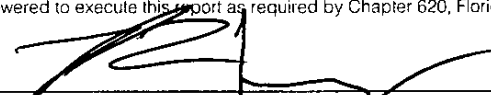
SIGNATURE  (PAUL L. Journey) DATE 4/25/06

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 | | 13. ADDRESS CHANGES ONLY | |
|---------------------------------|------------------------|--------------------------|-------------------------------|
| DOCUMENT # | PAUL LESLIE JOURNEY | STREET ADDRESS | |
| NAME | 407 C STREET | CITY-ST-ZIP | |
| STREET ADDRESS | ST. AUGUSTINE FL 32080 | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | 700074615627 |
| STREET ADDRESS | | | 05/15/06--01008--026 **508.75 |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

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:  DATE 4/25/06 DAYTIME PHONE # (904) 471-1582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE