


**2007 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2007**

|   |   |
|---|---|
| <b>DOCUMENT # B0100000203</b><br>1. Entity Name<br><b>MURRAY REAL ESTATE HOLDINGS, LLLP</b> |  |
|---|---|


|  |  |
|--|--|
| Principal Place of Business<br><b>407 C STREET<br/>ST. AUGUSTINE, FL 32080</b> | Mailing Address<br><b>407 C STREET<br/>ST. AUGUSTINE, FL 32080</b> |
|--|--|

**DO NOT WRITE IN THIS SPACE**

**FILED**

2007 MAY 10 AM 10:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03052007 No Chg-LP      CR2E003 (12/06)

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

**6. Name and Address of Current Registered Agent**

**JOURNEY, PAUL L  
407 C STREET  
ST. AUGUSTINE, FL 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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.**

| 12. GENERAL PARTNER INFORMATION                     |   |
|---|---|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PAUL LESLIE JOURNEY<br/>407 C STREET<br/>ST. AUGUSTINE, FL 32080</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |
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| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   |

*[Handwritten Signature]*

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05/17/07--01036--018 \*\*508.75

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STAPLE CHECK HERE

**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:** *[Handwritten Signature]*      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER