

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B01000000203



FILED
03 MAY -2 PM 6:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. Entity Name
MURRAY REAL ESTATE HOLDINGS, LLLP

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number APPLIED FOR
59-3721475

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MURRAY, WILLIAM G
402 C STREET
ST. AUGUSTINE FL 32080

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

9. Capital Contributions as Shown on record. **\$1,500,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE 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.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT #
NAME PAUL LESLIE JOURNEY
STREET ADDRESS 407 C STREET
CITY-ST-ZIP ST. AUGUSTINE FL 32080

STREET ADDRESS
CITY-ST-ZIP 200017917612
05/02/03--01118--027 **526.25

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STREET ADDRESS
CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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: *Paul Journey*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5-29-03
Date

352 378 5522
Daytime Phone #

CR2E003 (10/02)