


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000921</b> 1. Entity Name MURNAGHAN FAMILY PARTNERSHIP, LTD.	
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Principal Place of Business 2904 WEST CHAPIN AVENUE TAMPA, FL 33611	Mailing Address 2904 WEST CHAPIN AVENUE TAMPA, FL 33611
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**DO NOT WRITE IN THIS SPACE**



04092008 No Chg-LP CR2E003 (12/06)

4. FEI Number 59-3650648	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  MURNAGHAN, PETER P 2904 WEST CHAPIN AVENUE TAMPA, FL 33611
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**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$500.00</b> <b>After May 1, 2008, Fee will be \$900.00</b>
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**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 #	
NAME	MURNAGHAN, PETER P
STREET ADDRESS	2904 WEST CHAPIN AVENUE
CITY-ST-ZIP	TAMPA, FL 33611
DOCUMENT #	
NAME	MURNAGHAN, J. PATRICK
STREET ADDRESS	2904 WEST CHAPIN AVENUE
CITY-ST-ZIP	TAMPA, FL 33611
DOCUMENT #	
NAME	
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CITY-ST-ZIP	
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05/05/08-80042-022 500.00

**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:**  **4/9/2008 813.222.0123**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE