

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**DOCUMENT # A01000001308**

1. Entity Name  
**MCDONALD REAL ESTATE, LLLP**



30 MAY - 1 PM 0:46

FLORIDA STATE  
 TALLAHASSEE FLORIDA

Principal Place of Business  
**39144 HARBOUR HILLS BLVD.  
 LADY LAKES, FL 32159**

Mailing Address  
**39144 HARBOUR HILLS BLVD.  
 LADY LAKES, FL 32159**

2. Principal Place of Business  
**6020 TOPSAIL RD**

3. Mailing Address  
**6020 TOPSAIL RD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.



04292006 Chg-LP CR2E003 (11/05)

City & State  
**LADY LAKE FL**

City & State  
**LADY LAKE FL**

4. FEI Number  
**59-3744870**

Applied For  
 Not Applicable

Zip Country  
**32159 U.S.A.**

Zip Country  
**32159 U.S.A.**

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**

**MCDONALD, PETER  
 39144 HARBOR HILLS BLVD.  
 LADY LAKES, FL 32159**

Name **SAME AS BEFORE**

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

**6020 TOPSAIL RD**

City **SAME AS BEFORE 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.

**Peter McDonald**

**4/28/06**

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 # **V59852**  
 NAME **MCPETE, INC.**  
 STREET ADDRESS **39144 HARBOR HILLS BLVD.**  
 CITY-ST-ZIP **LADY LAKES, FL 32159**

DOCUMENT # **Pamela R. Rickman / Director**  
 NAME **Sgt. George Avenue**  
 STREET ADDRESS **Valdosta, GA 31602**  
 CITY-ST-ZIP

DOCUMENT # **Timothy McDonald**  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

DOCUMENT #  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**13. ADDRESS CHANGES ONLY**

STREET ADDRESS  
 CITY-ST-ZIP

STREET ADDRESS **800074661498**  
 CITY-ST-ZIP **05/16/06--01023--001 \*\*\$00.00**

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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 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

**4/28/06**

**352-753-7539**

Date

Daytime Phone #

STAPLE CHECK HERE