

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

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A02000000004**

1. Entity Name  
M.D. TALLAHASSEE SOUTH, LTD.



Principal Place of Business  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406

Mailing Address  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406



01182008 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

01-0582066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

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

MAPES, PAUL  
1601 BELVEDERE ROAD  
SUITE 407 SOUTH  
WEST PALM BEACH, FL 33406

**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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

U000000920580

05/14/08-80049-015 500.00

**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 # L02000000019  
NAME M.A. TALLAHASSEE SOUTH, LLC  
STREET ADDRESS 1601 BELVEDERE ROAD, SUITE 407 SOUTH  
CITY-ST-ZIP WEST PALM BEACH, FL 33406

DOCUMENT #  
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CITY-ST-ZIP

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

*P. My* *SO* *2/20/08* *5616896601*