2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 10: 15

DOCUMENT # A02000000474

1. Entity Name
DONALD MCMAHON III FAMILY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
375 NORTH 9TH AVENUE PENSACOLA, FL 32503	375 NORTH 9TH AVENUE PENSACOLA, FL 32503

03212006 Chg-LP CR2E003 (11/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. 375-A		Suite, Apt. #, etc. 375-A	
City & State		City & State	
Zip 32502	Country	Zip 32502	Country

4. FEI Number 01-0739632 ☐ Applied For ☐ Not Applicable

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
MCMAHON, DONALD III 375 NORTH 9TH AVENUE PENSACOLA, FL 32503 Correction	Name Street Address (P.O. Box Number is Not Acceptable) 375A North 9th Ave City FL Zip Code 32502

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, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	MCMAHON, DONALD III		
STREET ADDRESS	3281 SEVILLE DRIVE	CITY-ST-ZIP	
CITY-ST-ZIP	PENSACOLA, FL 32503		
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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: Donald McMahon 3/27/06 850-484-7011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #