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

## FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

Date

Daytima Phone #

DOCUMENT # A0300000184  1. Entity Name THE MCELROY FAMILY LIMITED PARTNERSHIP					08 HAY 22 PM 3: 48	
Principal Place of Business 340 ROYAL POINCIANA WAY SUITE 321 PALM BEACH, FL 33480		Mailing Address 340 ROYAL POINCIANA WAY SUITE 321 PALM BEACH, FL 33480				
Neal W. Knight, Jr. P.A. Neal W. Knight, Jr.			. l. l	·	-	
840 U. S. Highway One, #100 840 U. S.			S. Highway One, #100		01182008 Chg-LP CR2E003 (12/06)	
North Pa	alm Beach, FL 33408	North Palm Beach, FL 33408		FL 33408	4. FEI Number Applied For 54-2112723 Not Applicable	
Zip	Country	Zip 	Cour	itry	5. Certificate of Status Desired   \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent	
Neal W. Knight, Jr. P.A.				Street Address (	(P.O. Box Number is Not Acceptable)	
840 U. S. Highway One, #100 North Palm Beach, FL 33408						
, , , , , , , , , , , , , , , , , , , ,				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.						
FILE NOW!!! FEE IS \$500.00						
After May 1, 2008, 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 / NAME	■ Si			EET ADDRESS	840 U. S. Highway One, #100 North Palm Beach, FL 33408	
STREET ADDRESS CITY-ST-ZIP	DDRESS 340 ROYAL POINCIANA WAY		CIT	Y-ST-ZIP	1	
DOCUMENT / NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		STE	REET ADDRESS	05/14/0801046012 **500.00	
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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:  SIGNATURE:  SIGNATURE:						

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER