


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 AM 8:42

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A03000000185	
1. Entity Name THE MARJORIE LEBOUTILLIER MCELROY FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 321 ROYAL POINCIANA PLAZA SOUTH C/O NEAL W KNIGHT, JR PALM BEACH, FL 33480	Mailing Address 321 ROYAL POINCIANA PLAZA SOUTH C/O NEAL W KNIGHT, JR PALM BEACH, FL 33480
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2. Principal Place of Business 340 Royal Poinciana Way	3. Mailing Address 340 Royal Poinciana Way
Suite, Apt. #, etc. 321	Suite, Apt. #, etc. 321
City & State Palm Beach, FL	City & State Palm Beach, FL
Zip 33480	Country USA

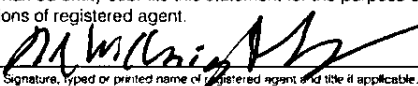


04272006 Chg-LP CR2E003 (11/05)

4. FEI Number 54-2112719	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480	7. Name and Address of New Registered Agent Name Neal W. Knight, Jr. Street Address (P.O. Box Number is Not Acceptable) 340 Royal Poinciana Way Suite 321 City Palm Beach FL Zip Code 33480
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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 _____

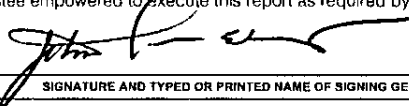
FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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 # P03000013766 NAME MCELROY MANAGEMENT COMPANY, INC. STREET ADDRESS 321 ROYAL POINCIANA PLAZA SOUTH CITY-ST-ZIP PALM BEACH, FL 33480	STREET ADDRESS 340 Royal Poinciana Way, Suite 321 CITY-ST-ZIP Palm Beach, FL 33480
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/06

800-888-4299

Date

Daytime Phone #

STAPLE CHECK HERE