
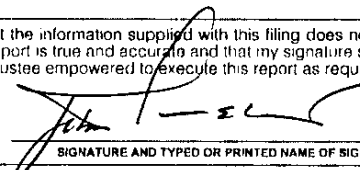


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

|  |  |   |         |
|--|--|---|---------|
| <b>DOCUMENT # A03000000185</b>   |  |    |         |
| 1. Entity Name<br><b>THE MARJORIE LEBOUTILLIER MCELROY FAMILY LIMITED PARTNERSHIP</b>  |  |   |         |
| Principal Place of Business<br><b>340 ROYAL POINCIANA WAY, SUITE 321<br/>PALM BEACH, FL 33480</b>  |  | Mailing Address<br><b>340 ROYAL POINCIANA WAY, SUITE 321<br/>PALM BEACH, FL 33480</b>   |         |
| 2. Principal Place of Business - No P.O. Box #   |  | 3. Mailing Address  |         |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |         |
| City & State   |  | City & State  |         |
| Zip  | Country  | Zip   | Country |
| 6. Name and Address of Current Registered Agent<br><b>KNIGHT, NEAL W JR<br/>340 ROYAL POINCIANA WAY, SUITE 321<br/>PALM BEACH, FL 33480</b>  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small>   |  | DATE _____  |         |
| <b>FILE NOW!!! FEE IS \$500.00</b><br><b>After May 1, 2007, Fee will be \$900.00</b>   |  |   |         |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>  |  |   |         |
| 12. GENERAL PARTNER INFORMATION  |  | 13. ADDRESS CHANGES ONLY  |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P03000013766<br>MCELROY MANAGEMENT COMPANY, INC.<br>340 ROYAL POINCIANA WAY, SUITE 321<br>PALM BEACH, FL 33480 | STREET ADDRESS<br>CITY-ST-ZIP   |         |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | STREET ADDRESS<br>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: <br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER   |  | Date: <b>4/24/07</b> 1-800-888-4299<br>Daytime Phone #  |         |

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