


FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

DOCUMENT # A03000000185			
1. Entity Name THE MARJORIE LEBOUTILLIER MCELROY FAMILY LIMITED PARTNERSHIP			
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	
2. Principal Place of Business - No P.O. Box # Neal W. Knight, Jr. P.A. 840 U. S. Highway One, #100 North Palm Beach, FL 33408		3. Mailing Address Neal W. Knight, Jr. P.A. 840 U. S. Highway One, #100 North Palm Beach, FL 33408	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent Neal W. Knight, Jr. P.A. 840 U. S. Highway One, #100 North Palm Beach, FL 33408		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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.		DATE _____	
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 STREET ADDRESS CITY-ST-ZIP	P03000013766 MCELROY MANAGEMENT COMPANY, INC. 340 ROYAL POINCIANA WAY, SUITE 321 PALM BEACH, FL 33480	STREET ADDRESS CITY-ST-ZIP	840 U. S. Highway One, #100 North Palm Beach, FL 33408
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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		Date 5/6/08 Daytime Phone # _____	

STAPLE CHECK HERE