

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A03000000300

1. Entity Name
MCNAMARA ENTERPRISES LIMITED, LLLP



Principal Place of Business
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

Mailing Address
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455



01062006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1645286

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCNAMARA, JAMES R
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

**DO NOT WRITE
IN THIS SPACE**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
MCNAMARA, JAMES R
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
MCNAMARA, LAWRENCE W JR.
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
MCNAMARA, LAWRENCE W III
12825 S.E. SUZANNE DRIVE
HOBE SOUND, FL 33455

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

100000386312
01/18/06-80057-016 500.00

STAPLE CHECK HERE

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: James R. McNamara
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/10/06 772-546-0127
Date Daytime Phone #