


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

<b>DOCUMENT # A03000000300</b>		
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
---	---

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

**FILED**  
**08 FEB 19 PM 4:05**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



01182008    Chg-LP    CR2E003 (12/06)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCNAMARA, JAMES R 12825 S.E. SUZANNE DRIVE HOBE SOUND, FL 33455				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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	STREET ADDRESS	CITY-ST-ZIP	60017958816
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	02/13/08--01029--019 **508.75
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP	

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 \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

STAPLE CHECK HERE