


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A03000000434 1. Entity Name MCLAUGHLIN FAMILY LIMITED PARTNERSHIP	
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Principal Place of Business 4700 N. HABANA, STE. 505 TAMPA, FL 33614	Mailing Address 4700 N. HABANA, STE. 505 TAMPA, FL 33614
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2. Principal Place of Business - No P.O. Box # 2727 W. Martin Luther King Blvd Suite, Apt. #, etc. Suite 510 City & State Tampa, FL Zip 33607	3. Mailing Address 2727 W. Martin Luther King Blvd Suite, Apt. #, etc. Suite 510 City & State Tampa, FL 33607 Zip 33607
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02052007 Chg-LP CR2E003 (12/06)

4. FEI Number 06-1683575	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 BARNETT, LESLIE J 601 BAYSHORE BLVD., STE. 700 TAMPA, FL 33606	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>
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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 _____

Signature, typed or printed name of registered agent and title if applicable.

DATE _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # L03000009875 NAME MCLAUGHLIN FARM, LLC STREET ADDRESS 4700 N. HABANA, STE. 505 CITY-ST-ZIP TAMPA, FL 33614	STREET ADDRESS 2727 W. Martin Luther King Blvd CITY-ST-ZIP Tampa, FL 33607
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center;"> 500098813755 04/24/07--01053--020 **500.00 </div>
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

Date

Daytime Phone #

STAPLE CHECK HERE

FILED
 2007 APR 17 AM 10:03
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

