

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT #A03000001419

1. Entity Name
MAHAFFEY ASSOCIATES SOUTH LAKE LAND, LLLP



Principal Place of Business

3700 POMPANO DR. SE
ST PETERSBURG, FL 33705
100 - 2nd Ave So #302N
St. Petersburg, FL 33701

Mailing Address

3700 POMPANO DR. SE
ST PETERSBURG, FL 33705
100 - 2nd Ave So #302N
St Petersburg, FL 33701



04072006 No Chg-LP

CR2E003 (11/05)

4. FEI Number

59-3022784

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SOUTH LAKE LAND GENERAL PROPERTY, LLC
731 JAMESTOWN DR.
WINTER PARK, FL 32792

DO NOT WRITE
IN THIS SPACE

9. 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

10000015-35658
05/08/06-80059-021 500.00

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 # **L03000037327**
NAME **SOUTH LAKE LAND GENERAL PROPERTY, LLC**
STREET ADDRESS **731 JAMESTOWN DR.**
CITY-ST-ZIP **WINTER PARK, FL 32792**

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

DO NOT WRITE
IN THIS SPACE

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04-10-06

Date

Daytime Phone #

407-677-0650

James W. Mahaffey