

**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

**FILED**  
**Apr 30, 2007 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**

Mailing Address  
**3700 POMPANO DR. SE  
ST PETERSBURG, FL 33705**



**DO NOT WRITE IN THIS SPACE**

04232007 No Chg-LP

CR2E003 (12/06)

4. FEI Number  
**59-3022784**

Applied For  
Not Applicable

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

**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**

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**

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

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05/16/07-80073-006 500.00

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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:**

*James W. Mahaffey*  
**James W. Mahaffey**

04-25-07

407-677-0650