


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


FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 JUN 10 AM 9:16

<b>DOCUMENT # A03000001419</b> 1. Entity Name <b>MAHAFFEY ASSOCIATES SOUTH LAKE LAND, LLLP</b>	
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Principal Place of Business <del>3700 POMPANO DR. SE</del> 100-2nd Ave S 302 N ST PETERSBURG, FL 33708 /	Mailing Address <del>3700 POMPANO DR. SE</del> 100-2nd Ave S 302 N ST PETERSBURG, FL 33708 /
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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



04162008	Chg-LP	CR2E003 (12/06)
4. FEI Number 59-3022784		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent	
SOUTH LAKE LAND GENERAL PROPERTY, LLC 731 JAMESTOWN DR. WINTER PARK, FL 32792	

7. Name and Address of New Registered Agent	
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.

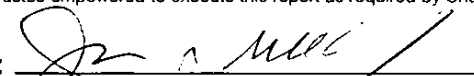
SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 #	L03000037327	STREET ADDRESS	100130682331
NAME	SOUTH LAKE LAND GENERAL PROPERTY, LLC	CITY-ST-ZIP	06/03/08 01025 001 **500.00
STREET ADDRESS	731 JAMESTOWN DR.		
CITY-ST-ZIP	WINTER PARK, FL 32792		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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:**  **04-28-08** **407-677-0650**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #