

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

**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # A04000001730**

**1. Entity Name**  
**MAHAFFEY ASSOCIATES MAGNOLIA VALLEY, LLLP.**



**Principal Place of Business**  
**100-2ND AVE SO #302N**  
**ST. PETERSBURG, FL 33701**

**Mailing Address**  
**100-2ND AVE SO #302N**  
**ST. PETERSBURG, FL 33701**



04232007 No Chg-LP

CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**

**59-2651677**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**



**\$8.75 Additional**  
**Fee Required**

**6. Name and Address of Current Registered Agent**

**MAGNOLIA VALLEY GENERAL PROPERTY, LLC**  
**731 JAMESTOWN DRIVE**  
**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 #** L04000029268  
**NAME** MAGNOLIA VALLEY GENERAL PROPERTY, LLC  
**STREET ADDRESS** 731 JAMESTOWN DRIVE  
**CITY-ST-ZIP** WINTER PARK, FL 32792

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U00000752586  
05/21/07-80022-003 500.00

**DO NOT WRITE**  
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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**

**04-27-07**

**407-677-0650**