2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DOCUMENT # A04000001787

1. Entity Name

MAHÁFFEY ASSOCIATES ST. PETERSBURG, LLLP



FILED
May 02, 2008 08:00 Al
Secretary of State

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

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



DO NOT WRITE IN THIS SPACE

04162008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-1971058

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ST PETERSBURG GENERAL PROPERTY, LLC 731 JAMESTOWN DRIVE WINTER PARK, FL 32792

DO NOT WRITE IN THIS SPACE

	enamed entity submits this statement for the purpose of changing its retions of registered agent.	egistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE
	Signature, typed or printed name of registered agent and the mappingable.	DATE
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00		
		ITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12.	GENERAL PARTNER INFORMATION	
DOCUMENT /	L04000076242	· ,
NAME	ST. PETERSBURG GENERAL PROPERTY, LLC	
STREET ADDRESS	731 JAMESTOWN DRIVE	
CITY-ST-ZIP	WINTER PARK, FL 32792	U00000943794 05/29/08-80075-010 500,00
DOCUMENT /		U5/29/U8-80U/5-01D 500.Q0
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME		DO NOT WOITE
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		IN THIS SPACE
DOCUMENT #		IN THIS SPACE
NAME		
STREET ADDRESS CITY-ST-ZIP		•
DOCUMENT #		
NAME		i ' '
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		
NAME	Ī	

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:

STREET ADDRESS CITY-ST-ZIP

SIGNACURE AND TYPED OR POINTED NAME OF SIGNING GOVERN

04-28-08

407-677-0650