

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

**FILED**

<b>DOCUMENT # A9300000651</b>		
1. Entity Name <b>THE GLENN O. MURPHY PARTNERSHIP, LTD.</b>		

**2007 MAR -7 AM 10:38**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**504 SOUTH RIVERDALE ROAD  
AVON PARK, FL 33825**

Mailing Address

**504 SOUTH RIVERDALE ROAD  
AVON PARK, FL 33825**

2. Principal Place of Business - No P.O. Box #  
**505 S Riverdale Road**  
Suite, Apt. #, etc.

3. Mailing Address

**505 S Riverdale Road**  
Suite, Apt. #, etc.

City & State  
**Avon Park, FL 33825**

City & State

**Avon Park, FL 33825**

Zip  
**33825**

Zip

**33825**

6. Name and Address of Current Registered Agent

MURPHY, GLENN O  
504 SOUTH RIVERDALE ROAD  
AVON PARK, FL 33825

Name

**Glenn O Murphy**

Street Address (P.O. Box Number is Not Acceptable)

**505 S Riverdale Road**

City

**Avon Park**

FL Zip Code  
**33825**

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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
DOCUMENT #	NAME	STREET ADDRESS	505 S Riverdale Road
NAME	MURPHY, GLENN O	CITY-ST-ZIP	<b>Avon Park, FL 33825</b>
STREET ADDRESS	504 SOUTH RIVERDALE ROAD		
CITY-ST-ZIP	AVON PARK, FL 33825		
DOCUMENT #	NAME	STREET ADDRESS	505 S Riverdale Road
NAME	MURPHY, JOY H	CITY-ST-ZIP	<b>Avon Park, FL 33825</b>
STREET ADDRESS	504 SOUTH RIVERDALE ROAD		
CITY-ST-ZIP	AVON PARK, FL 33825		
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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:** *Glenn O Murphy*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*13/2/07*

Date

Daytime Phone #

STAPLE CHECK HERE