


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED  
Apr 27, 2007 08:00 AM  
Secretary of State**

DOCUMENT # <b>A94000000778</b> 1. Entity Name <b>THE MCLAUGHLIN FAMILY LIMITED PARTNERSHIP</b>	
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Principal Place of Business <b>2940 CARDINAL DRIVE SUITE 2 VERO BEACH FL 32963</b>	Mailing Address <b>2940 CARDINAL DRIVE SUITE 2 VERO BEACH FL 32963</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E003 (10/06)

City & State	City & State	4. FEI Number <b>65-0489176</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>MCLAUGHLIN, EDWARD B 2940 CARDINAL DRIVE SUITE 2 VERO BEACH FL 32963</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 *Edward B. McLaughlin* DATE **4.25.07**  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 # NAME STREET ADDRESS CITY - ST - ZIP	<b>P97000103977 JAM CAPITAL MANAGEMENT, INC. 2940 CARDINAL DRIVE VERO BEACH FL 32963</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>MCLAUGHLIN, EDWARD B 2940 CARDINAL DRIVE, SUITE #2 VERO BEACH FL 32963</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY - ST - ZIP	<b>U00000739389 05/14/07-80025-012 500.00</b>
STREET ADDRESS CITY - ST - ZIP	
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STAPLE CHECK HERE

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: *Edward B. McLaughlin* DATE **4.20.07** PHONE **772-231-6100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DATE DAY/TIME PHONE #