2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

FILED Apr 30, 2007 08:00 AM Secretary of State

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1. Entity Name

MCGÉHEE REALTY OF PALM BEACH COUNTY, LTD.



Principal Place of Business 3300 PHILLIPS HWY. JACKSONVILLE, FL 32207 Mailing Address 3300 PHILLIPS HWY. JACKSONVILLE, FL 32207



DO NOT WRITE IN THIS SPACE

 04162007
 No Chg-LP
 CR2E003 (12/06)

 4. FEI Number
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGEHEE, F. SUTTON JR. 3300 PHILLIPS HWY. JACKSONVILLE, FL 32207

DO NOT WRITE IN THIS SPACE

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$500.00	DATE	
Signature, typed or printed name of registered agent and title if applicable.	DATE	
SIGNATURE		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or the obligations of registered agent.	r both, in the State of Florida. I am familiar with, and acc	:ept

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.

GENERAL PARTNER INFORMATION 12. 340991 DOCUMENT # MCGEHEE, AMANDA NAME STREET ADDRESS 3300 PHILLIPS HWY CITY-ST-ZIP JACKSONVILLE, FL 32207 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP

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U00000747844 05/17/07-80041-018 500.00

14. I hereby certify that the information supplied with this filling 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: Cleans typed or PRINTED NAME OF SIGNING

Amanda (renera) Mc Gener, 4/27/2

Daylime Phone #