

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

DOCUMENT # A96000001268

1. Entity Name
MCCORD REALTY LIMITED, LLLP



FILED
07 FEB -8 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3209 REMINGTON RUN
TALLAHASSEE, FL 32312-1461

Mailing Address
P.O. BOX 182889
TALLAHASSEE, FL 32318-0025



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242007 Chg-LP CR2E003 (12/06)

4. FEI Number
59-3390864

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCCORD, FRED L
3209 REMINGTON RUN
TALLAHASSEE, FL 32312-1461

Name

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

City

FL

Zip Code

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

13. ADDRESS CHANGES ONLY

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	MCCORD, FRED L 3209 REMINGTON RUN TALLAHASSEE, FL 323121461	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	HINKLE, CLIFORD R 111 S. MONROE STREET, STE. 2000-B TALLAHASSEE, FL 323011583	STREET ADDRESS CITY-ST-ZIP	200088241282 02/13/07--01048--001 **500.00
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #