

**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED

08 JAN 15 PM 3:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # A96000001268	
1. Entity Name MCCORD REALTY LIMITED, LLLP	



Principal Place of Business 3209 REMINGTON RUN TALLAHASSEE, FL 32312-1461	Mailing Address P.O. BOX 182889 TALLAHASSEE, FL 32318-0025
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2. Principal Place of Business - No P.O. Box # 1305 Rachel Lane Suite, Apt. #, etc.	3. Mailing Address P.O. Box 14919 Suite, Apt. #, etc.
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City & State Tallahassee, FL Zip 32308 Country US	City & State Tallahassee, FL Zip 32317 Country US
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01052008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3390864	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent MCCORD, FRED L 3209 REMINGTON RUN TALLAHASSEE, FL 32312-1461 1305 Rachel Lane Tallahassee, FL 32308	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: Fred L. McCord DATE: 1/8/08

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, 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 #	L07000007052	STREET ADDRESS	1305 Rachel Lane
NAME	MCCORD REALTY, LLC	CITY-ST-ZIP	Tallahassee, FL 32308
STREET ADDRESS	3209 REMINGTON RUN		
CITY-ST-ZIP	TALLAHASSEE, FL 323121461		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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 it 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: Fred L. McCord DATE: 1/8/08 850-562-2219

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE