2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006

FILED
Feb 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A97000002920

1. Entity Name

MEREDITH AND ELSA L. MCKINNEY LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
5950 MILLER LANDING COVE TALLAHASSEE FL 32312	5950 MILLER LANDING COVE TALLAHASSEE FL 32312

1st MOORE CR2E003 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3479893 ☐ Applied For ☐ Not Applic.

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
PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! Fee is $500. * After May 1, 2006, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	MCKINNEY, MEREDITH	CITY-ST-ZIP	000000434333 02/24/06-80060-001 500.00
STREET ADDRESS	5950 MILLER LANDING COVE		
CITY-ST-ZIP	TALLAHASSEE FL 32312		
DOCUMENT #		STREET ADDRESS	
NAME	MCKINNEY, ELSA L	CITY-ST-ZIP	
STREET ADDRESS	5950 MILLER LANDING COVE		
CITY-ST-ZIP	TALLAHASSEE FL 32312		
DOCUMENT #		STREET ADDRESS	
NAME	HUMPHRESS, JOHN K	CITY-ST-ZIP	
STREET ADDRESS	1040 EAST PARK AVENUE		
CITY-ST-ZIP	TALLAHASSEE FL 32301		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: Meredith McKinney MEREDITH MCKINNEY 2/11/06 850-893-1464