

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000002920

1. Entity Name
MEREDITH AND ELSA L. MCKINNEY LIMITED PARTNERSHIP



Principal Place of Business
**5950 MILLER LANDING COVE
TALLAHASSEE, FL 32312**

Mailing Address
**5950 MILLER LANDING COVE
TALLAHASSEE, FL 32312**



03122007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3479893	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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

DOCUMENT #	
NAME	MCKINNEY, MEREDITH
STREET ADDRESS	5950 MILLER LANDING COVE
CITY - ST - ZIP	TALLAHASSEE, FL 32312
DOCUMENT #	
NAME	MCKINNEY, ELSA L
STREET ADDRESS	5950 MILLER LANDING COVE
CITY - ST - ZIP	TALLAHASSEE, FL 32312
DOCUMENT #	
NAME	HUMPHRESS, JOHN K
STREET ADDRESS	1040 EAST PARK AVENUE
CITY - ST - ZIP	TALLAHASSEE, FL 32301
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000670537
03/27/07-80111-010 500.00

**DO NOT WRITE
IN THIS SPACE**

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

4/14/2007
Meredith McKinney

Date

Daytime Phone #

850.893.1464

STAPLE CHECK HERE