2006 LIMITED PARTNERSHIP ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

Due By May 1, 2006

DOCUMENT # A98000001000 1. Entity Name MCCORMICK PROPERTIES, LTD.

FILED Mar 20, 2006 08:00 AM Secretary of State

Principal Place of Business

318 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082 Mailing Address

318 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082



03052006 No Chg-LP

CR2E003 (11/05)

4. FEI Number 59-3511662

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

Daytime Phone #

6. Name and Address of Current Registered Agent

TAYLOR, SUZANNE M 318 SAN JUAN DRIVE PONTE VEDRA BEACH, FL 32082

DO NOT WRITE IN THIS SPACE

 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. 1 am familiar with, and accept the obligations of registered agent. 		
SIGNATURE	Signature, typed or printed name of registered agent and title it applicable.	DATE
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	
OOCUMENT #	P98000023467	}
NAME	JEAN H. MCCORMICK, INC.	
STREET ADDRESS	318 SAN JUAN DRIVE	3
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	<u> </u>
DOCUMENT #		U0000047S831
NAME		04/05/U6-80032-015 50 0.0 0
STREET ADDRESS		UT? CO! UB ~ DUUDE ~ UU 300. UU
CITY-ST-ZIP		
DOCUMENT #		
NAME		56.465.455
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		N 7000 00405
DOCUMENT #		IN THIS SPACE
NAME		1
STREET ADDRESS		
CITY-ST-ZIP		
DOCUMENT #		i e
NAME		
STEET ADDRESS		
CATY-ST-ZIP		
DOCUMENT #		}
NAME {		i e e e e e e e e e e e e e e e e e e e
STREET ADDRESS		1
CITY-ST-ZIP		
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 path; that I am g General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 520, Florida Statutes.		