

**2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007**

**FILED
Apr 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # A98000001933 1. Entity Name MCKENZIE PROPERTIES, LIMITED	
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Principal Place of Business 6500 CAROLINE STREET MILTON, FL 32570	Mailing Address 6500 CAROLINE STREET MILTON, FL 32570
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DO NOT WRITE IN THIS SPACE



03292007 No Chg-LP	CR2E003 (12/06)
4. FEI Number 59-3533376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCKENZIE, JOHN D 6500 CAROLINE STREET MILTON, FL 32570
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____
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**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	MCKENZIE, JOHN D
STREET ADDRESS	6500 CAROLINE STREET
CITY-ST-ZIP	MILTON, FL 32570
DOCUMENT #	
NAME	MCKENZIE, MARY T
STREET ADDRESS	6500 CAROLINE STREET
CITY-ST-ZIP	MILTON, FL 32570
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000712841
04/26/07-80051-022 500.00

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 680, Florida Statutes

SIGNATURE: X  (John D. McKenzie)	4-4-07	(850) 623-3481
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date</small>	<small>Daytime Phone #</small>