


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

DOCUMENT # B01000000203		
1. Entity Name MURRAY REAL ESTATE HOLDINGS, LLLP		

Principal Place of Business 407 C STREET ST. AUGUSTINE FL 32080	Mailing Address 407 C STREET ST. AUGUSTINE FL 32080
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

JOINT - 1 AM 9:40

TALLAHASSEE FLORIDA




1st MOORE CR2E003 (10/05)

4. FEI Number 59-3721475		Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent MURRAY, WILLIAM G 402 C STREET ST. AUGUSTINE FL 32080		7. Name and Address of New Registered Agent Name PAUL LESLIE JOURNEY Street Address (P.O. Box Number is Not Acceptable) 407 C Street City ST. AUGUSTINE FL Zip Code 32080	
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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.

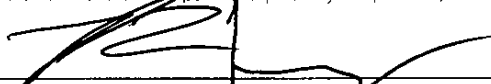
SIGNATURE  (PAUL L. Journey) DATE 4/25/06

**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 # NAME STREET ADDRESS CITY - ST - ZIP	PAUL LESLIE JOURNEY 407 C STREET ST. AUGUSTINE FL 32080	STREET ADDRESS CITY - ST - ZIP	
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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:  DATE 4/25/06 DAYTIME PHONE (904) 471-1582

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

STAPLE CHECK HERE