

LIMITED PARTNERSHIP ANNUAL REPORT

For Office Use Only

DO NOT WRITE IN THIS SPACE
DIVISION OF CORPORATIONS

11 JUN -1 PM 3: 33

DOCUMENT # 801000000203

1. Entity Name

Murray Real Estate Holdings LLP



DO NOT WRITE IN THIS SPACE

CR2E003B (1/11)

2. Principal Place of Business - No P.O. Box #

407 C Street

Suite, Apt. #, ect.

3. Mailing Address

407 C Street

Suite, Apt. #, ect.

E-mail Address:

joyeta2@yahoo.com

To be used for future annual report notices

City & State

St. Augustine, FL

City & State

St. Augustine, FL

4. FEI Number

Applied For

X Not Applicable

Zip

32080

Country

USA

Zip

32080

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current 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

Signature, typed or printed name of registered agent and title if applicable

DATE

10.

Jan. - May 1 Fee is \$500
After May 1 Fee is \$900

MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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.

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

Paul Leslie Journey
407 C Street
St. Augustine, FL 32080

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05/12/11-01004--006 **508.75

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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 and that I am a General Partner of a limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.

SIGNATURE: X

Paul L. Journey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

5/22/2011 (904) 461-8904

JUN 02 2011