


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000317

1. Entity Name
MURDOCK ENTERPRISES LIMITED PARTNERSHIP




Principal Place of Business Mailing Address
235 S. COUNTY ROAD, SUITE 211 **235 S. COUNTY ROAD, SUITE 211**
PALM BEACH, FL 33480 **PALM BEACH, FL 33480**

2. Principal Place of Business 3. Mailing Address

Suite, Apt #, etc Suite, Apt # etc

City & State City & State

Zip Country Zip Country



03212004 Chg-LP CR2E003 (10/03)

4. FEI Number Applied For
65-0981124 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

MURDOCK, NANCY
235 S. COUNTY ROAD, SUITE 211
PALM BEACH, FL 33480

Name
 Street Address (P O Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. Capital Contributions as Shown on record **\$2,000,000.00** 10. Amount of Capital Contributions in FLORIDA to date

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	P00000010800 MURDOCK ENTERPRISES, INC. 235 S. COUNTY ROAD, SUITE 211 PALM BEACH, FL 33480	STREET ADDRESS	
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 05/07/04-30025-005 526.25

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Murray Murdock* 4-21-04 561 832 2202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #