


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000317				
1. Entity Name MURDOCK ENTERPRISES LIMITED PARTNERSHIP				
Principal Place of Business 235 S. COUNTY ROAD, SUITE 211 PALM BEACH, FL 33480		Mailing Address 235 S. COUNTY ROAD, SUITE 211 PALM BEACH, FL 33480		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		
City & State		City & State		
Zip Country		Zip Country		
6. Name and Address of Current Registered Agent MURDOCK, NANCY 235 S. COUNTY ROAD, SUITE 211 PALM BEACH, FL 33480				4. FEI Number 65-0981124
7. Name and Address of New Registered Agent				Applied For Not Applicable
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.				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
SIGNATURE <u>Nancy Murdock</u> <small>Signature, typed or printed name of registered agent and title if applicable</small>				Date
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 #	P00000010800		STREET ADDRESS	
NAME	MURDOCK ENTERPRISES, INC.		CITY-ST-ZIP	
STREET ADDRESS	235 S. COUNTY ROAD, SUITE 211		STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	
DOCUMENT #			STREET ADDRESS	
NAME			CITY-ST-ZIP	
STREET ADDRESS			STREET ADDRESS	U00000345520
CITY-ST-ZIP			CITY-ST-ZIP	04/30/05-80040-001 526.25
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CITY-ST-ZIP			CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Nancy Murdock</u>				Date
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small>



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