


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

**FILED**

2007 MAR -1 AM 10:21


SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # A00000000317</b> 1. Entity Name <b>MURDOCK ENTERPRISES LIMITED PARTNERSHIP</b>	
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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
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2. Principal Place of Business - No P.O. Box # 243 Brazilian Avenue Suite, Apt. #, etc.	3. Mailing Address PO Box 3022 Suite, Apt. #, etc.
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City & State Palm Beach, FL ZIP 33480 Country USA	City & State Palm Beach, FL ZIP 33480 Country USA
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02082007	Chg-LP	CR2E003 (12/06)
4. FEI Number 65-0981124	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  ENGELBERG, MORRIS 4040 SHERIDAN STREET HOLLYWOOD, FL 33021	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P00000010800	STREET ADDRESS	PO Box 3022
NAME	MURDOCK ENTERPRISES, INC.	CITY-ST-ZIP	Palm Beach, FL 33480
STREET ADDRESS	235 S. COUNTY ROAD, SUITE 211		
CITY-ST-ZIP	PALM BEACH, FL 33480		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

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 03/06/07--01027--009 \*\*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 620, Florida Statutes

SIGNATURE: *Justin Murdock*      2/27/07      561 832 2202  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #