

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR -1 AM 8:53

DOCUMENT # A28605			
1. Entity Name MCCRORY ASSOCIATES, LTD.			
Principal Place of Business 523 MICHIGAN AVE MIAMI BEACH, FL 33139		Mailing Address 523 MICHIGAN AVE MIAMI BEACH, FL 33139	
2. Principal Place of Business <i>230 5th Street</i>		3. Mailing Address <i>230 5th Street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami Beach, FL</i>		City & State <i>Miami Beach, FL</i>	
Zip <i>33139</i>	Country <i>USA</i>	Zip <i>33139</i>	Country <i>USA</i>
6. Name and Address of Current Registered Agent ROBINS, SCOTT 523 MICHIGAN AVE. MIAMI BCH., FL 33139		4. FEI Number 65-0182863	
7. Name and Address of New Registered Agent Name: <i>Robins Scott</i> Street Address (P.O. Box Number is Not Acceptable): <i>230 5th Street</i> City: <i>Miami Beach</i> FL Zip Code: <i>33139</i>		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		SIGNATURE: _____ DATE: <i>2/21/05</i> Signature, typed or printed name of registered agent and title if applicable.	
9. Capital Contributions as Shown on record. \$425,000.00		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 #	L00067	STREET ADDRESS	<i>230 5th Street</i>
NAME	MCCRORY ASSOCIATES, INC.	CITY-ST-ZIP	<i>Miami Beach, FL 33139</i>
STREET ADDRESS	523 MICHIGAN AVE		
CITY-ST-ZIP	MIAMI BEACH, FL 33139		
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STREET ADDRESS			
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)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have 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 609, Florida Statutes.			
SIGNATURE: _____		230 FIFTH STREET MIAMI BEACH, FL 33139 Date: <i>2/21/05</i> Daytime Phone #: <i>305-674-0600</i>	

STAPLE CHECK HERE