

**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
May 04, 2004 08:00 AM
Secretary of State**

DOCUMENT # A97000002567



1. Entity Name
MCCREADY MANHATTAN LIMITED PARTNERSHIP

Principal Place of Business
670 WEST MARKET STREET
AKRON, OH 44303

Mailing Address
670 WEST MARKET STREET
AKRON, OH 44303

2. Principal Place of Business

3. Mailing Address

Suite, Apt #, etc

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04212004 Chg-LP CR2E003 (10/03)

4. FEI Number

59-3481995

Applied For

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

FAGA, ANTONIO ESQ.
7955 AIRPORT RD. NORTH
STE. 101
NAPLES, FL 34109

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

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

DATE

9. Capital Contributions as Shown on record. \$5,000,000.00

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

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #		STREET ADDRESS	
NAME	MCCREADY, JAMES	CITY - ST - ZIP	
STREET ADDRESS	1832 GALLEON DR.		
CITY - ST - ZIP	NAPLES, FL 34102		
DOCUMENT #		STREET ADDRESS	U00000153397
NAME		CITY - ST - ZIP	05/10/04 09028 005 526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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 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: *RH Bauer*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

RH BAUER

Date

Daytime Phone #

4-27-04

STAPLE CHECK HERE