

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

FILED  
 2004 APR 22 PM 3: 53  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # A98000001417  
 1. Entity Name  
 ALLAN G. W. AND DORIS S. MCLEOD FAMILY INVESTMENTS, LTD.



Principal Place of Business: 3251 MORRIS LANE, COCONUT GROVE FL 33133  
 Mailing Address: 3251 MORRIS LANE, COCONUT GROVE FL 33133



MOORE CR2E003 (11/03)

2. Principal Place of Business: Suite, Apt. #, etc. / City & State / Zip / Country  
 3. Mailing Address: Suite, Apt. #, etc. / City & State / Zip / Country

4. FEI Number: 65-0862084  
 Applied For: Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 B&C CORPORATE SERVICES, INC.  
 201 S. BISCAYNE BOULEVARD, SUITE 3000  
 MIAMI FL 33131

7. Name and Address of New Registered Agent  
 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: \$10,450.00  
 10. Amount of Capital Contributions in FLORIDA to date: 10,450.00  
 11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

**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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MCLEOD, ALLAN G	3251 MORRIS LANE	COCONUT GROVE FL 33133
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
	MCLEOD, DORIS S	3251 MORRIS LANE	COCONUT GROVE FL 33133
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS	300035829103
CITY-ST-ZIP	05/10/04--01096--018 **161.90
STREET ADDRESS	<del>300035829103</del>
CITY-ST-ZIP	<del>05/10/04--01096--018 **161.90</del>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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: ALLAN G. W. MCLEOD 4/19/04 305 858 2339  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #