

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

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



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 9:35

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

2. Principal Place of Business Suite, Apt. #, etc.
3. Mailing Address Suite, Apt. #, etc.

City & State

Zip Country

Handwritten initials



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0862084**

Applied For
Not Applicable

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.

11. FILE NOW!!! Due by May 1, 2005.
See Block 11 instructions for fee info.

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**

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

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02/07/05--01032--019 **161.90

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: *Alan G. W. McLeod* **ALLAN G. W. MCLEOD** 1/27/05 305 858 2339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #