


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A00000000317					
1. Entity Name MURDOCK ENTERPRISES LIMITED PARTNERSHIP					
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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0981124				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURDOCK, NANCY 235 S. COUNTY ROAD, SUITE 211 PALM BEACH, FL 33480			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 <u>Nancy Murdock</u> DATE _____ <small>Signature, typed or printed name of registered agent and the if applicable</small>					
9. Capital Contributions as Shown on record. \$2,000,000.00			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		
DOCUMENT #	P00000010800		STREET ADDRESS		
NAME	MURDOCK ENTERPRISES, INC.		CITY-ST-ZIP		
STREET ADDRESS	235 S. COUNTY ROAD, SUITE 211				
CITY-ST-ZIP	PALM BEACH, FL 33480				
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					
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)(f), 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: <u>Nancy Murdock</u>			Date _____ Daytime Phone # _____		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE



03142005 Chg-LP CR2E003 (10/03)

U00000345520
04/30/05-80040-001 526.25