

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

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 - No P.O. Box #
243 Brazilian Avenue

3. Mailing Address
PO Box 3022

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Palm Beach, FL

City & State
Palm Beach, FL

4. FEI Number
65-0981124

Applied For
 Not Applicable

Zip
33480

Country
USA

Zip
33480

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

02082007 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS
4040 SHERIDAN STREET
HOLLYWOOD, FL 33021

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00000010800**
 NAME **MURDOCK ENTERPRISES, INC.**
 STREET ADDRESS **235 S. COUNTY ROAD, SUITE 211**
 CITY-ST-ZIP **PALM BEACH, FL 33480**

STREET ADDRESS **PO Box 3022**
 CITY-ST-ZIP **Palm Beach, FL 33480**

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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 exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/27/07 561 832 2202
Date Daytime Phone #

FILED

2007 MAR -1 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STAPLE CHECK HERE