

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000000765					
1. Entity Name MCDONOUGH LIMITED PARTNERSHIP					
Principal Place of Business 6468 PARKLAND DRIVE SARASOTA, FL 34243			Mailing Address 6468 PARKLAND DRIVE SARASOTA, FL 34243		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	02182004 Chg-LP CR2E003 (10/03)	
4. FEI Number 65-1023557				Applied For ☐ Not Applicable	
5. Certificate of Status Desired				☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCDONOUGH, DONALD F 6468 PARKLAND DRIVE SARASOTA, FL 34243			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			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, type or print: name of registered agent and title if applicable					
9. Capital Contributions as Shown on record. \$1,000.00			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 #	NAME		STREET ADDRESS		
STREET ADDRESS	MCDONOUGH, DONALD F		CITY-ST- ZIP		
CITY-ST- ZIP	6468 PARKLAND DRIVE SARASOTA, FL 34243				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	MCDONOUGH, BLYTHE A		CITY-ST- ZIP		
CITY-ST- ZIP	6468 PARKLAND DRIVE SARASOTA, FL 34243				
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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: _____			Date: 2/27/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER					

STAPLE CHECK HERE