
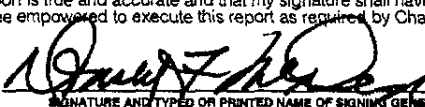


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000765</b>					
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	4. FEI Number 65-1023557	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCDONOUGH, DONALD F 6468 PARKLAND DRIVE SARASOTA, FL 34243				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
6. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$1,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION				13. ADDRESS CHANGES ONLY	
DOCUMENT #	NAME			STREET ADDRESS	
NAME	MCDONOUGH, DONALD F			CITY-ST-ZIP	
STREET ADDRESS	6468 PARKLAND DRIVE				
CITY-ST-ZIP	SARASOTA, FL 34243				
DOCUMENT #	NAME			STREET ADDRESS	
NAME	MCDONOUGH, BLYTHE A			CITY-ST-ZIP	
STREET ADDRESS	6468 PARKLAND DRIVE				
CITY-ST-ZIP	SARASOTA, FL 34243				
DOCUMENT #	NAME			STREET ADDRESS	
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DOCUMENT #	NAME			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)(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: 				DONALD F. McDONOUGH 2/18/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE