


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

**FILED**  
**Apr 18, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A00000000915</b>	
1. Entity Name <b>MCGLANNAN REAL ESTATE ASSOCIATES, LTD.</b>	

Principal Place of Business <b>7801 ALTAMIRA AVENUE CORAL GABLES FL 33143</b>	Mailing Address <b>7801 ALTAMIRA AVENUE CORAL GABLES FL 33143</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1ST MOORE CR2E003 (10/04)

4. FEI Number <b>65-0554175</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>MCGLANNAN, MICHAEL F 7910 S.W. 154TH TERRACE MIAMI FL 33157-2320</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record <b>\$172,150.00</b>	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	
NAME	MCGLANNAN, MICHAEL F	CITY - ST - ZIP	
STREET ADDRESS	7901 SW 154 TERRACE		
CITY - ST - ZIP	MIAMI FL 33157		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	MCGLANNAN, FRANCES K	CITY - ST - ZIP	
STREET ADDRESS	7801 ALTAMIRA AVENUE		
CITY - ST - ZIP	CORAL GABLES FL 33143		
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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.**  **Michael F McGLANNAN**

**4/15/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE