


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 06, 2005 08:00 AM
Secretary of State

| | | | | | |
|--|---|--|--|---|--------------|
| DOCUMENT # A00000000921 | | | |  | |
| 1. Entity Name MURNAGHAN FAMILY PARTNERSHIP, LTD. | | | | | |
| Principal Place of Business 2904 WEST CHAPIN AVENUE TAMPA, FL 33611 | | | Mailing Address 2904 WEST CHAPIN AVENUE TAMPA, FL 33611 | | |
| 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 59-3650648 | |
| 5. Certificate of Status Desired | | | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| MURNAGHAN, PETER P 2904 WEST CHAPIN AVENUE TAMPA, FL 33611 | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| DATE _____ | | | | | |
| 9. Capital Contributions as Shown on record. | | 10. Amount of Capital Contributions in FLORIDA to date. | | \$1,800,000.00 | |
| 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 # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | MURNAGHAN, PETER P 2904 WEST CHAPIN AVENUE TAMPA, FL 33611 | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | MURNAGHAN, J. PATRICK 2904 WEST CHAPIN AVENUE TAMPA, FL 33611 | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| DOCUMENT # | NAME | | STREET ADDRESS | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | |
| CITY-ST-ZIP | | | 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: _____ | | | 4/12/2005 | | 813.223.0123 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small> | | | | | |

STAPLE CHECK HERE