

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A03000000185					
1. Entity Name THE MARJORIE LEBOUTILLIER MCELROY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 321 ROYAL POINCIANA PLAZA SOUTH C/O NEAL W KNIGHT, JR PALM BEACH, FL 33480			Mailing Address 321 ROYAL POINCIANA PLAZA SOUTH C/O NEAL W KNIGHT, JR PALM BEACH, FL 33480		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03292005 Chg-LP CR2E003 (10/03)	
4. FEI Number 54-2112719				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KNIGHT, NEAL W JR 321 ROYAL POINCIANA PLAZA SOUTH PALM BEACH, FL 33480			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$4,503,348.00			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 #	P03000013766		STREET ADDRESS		
NAME	MCELROY MANAGEMENT COMPANY, INC.		CITY - ST - ZIP		
STREET ADDRESS	321 ROYAL POINCIANA PLAZA SOUTH		STREET ADDRESS		
CITY - ST - ZIP	PALM BEACH, FL 33480		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
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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)(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:			4/25/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date		
Daytime Phone #			Daytime Phone #		

STAPLE CHECK HERE