
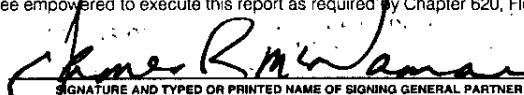


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A03000000300					
1. Entity Name MCNAMARA ENTERPRISES LIMITED, LLLP					
Principal Place of Business 12825 S.E. SUZANNE DRIVE HOBE SOUND, FL 33455			Mailing Address 12825 S.E. SUZANNE DRIVE HOBE SOUND, FL 33455		
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 59-1645286	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
MCNAMARA, JAMES R 12825 S.E. SUZANNE DRIVE HOBE SOUND, FL 33455				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. \$60,222.00			10. Amount of Capital Contributions in FLORIDA to date. \$60,222.00		
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	CITY-ST-ZIP	STREET ADDRESS	
	MCNAMARA, JAMES R	12825 S.E. SUZANNE DRIVE	HOBE SOUND, FL 33455		
	MCNAMARA, LAWRENCE W JR.	12825 S.E. SUZANNE DRIVE	HOBE SOUND, FL 33455		
	MCNAMARA, LAWRENCE W III	12825 S.E. SUZANNE DRIVE	HOBE SOUND, FL 33455		
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: 				1/19/04 772-546-0127	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Date Daytime Phone #</small>	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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