


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

APPROVED
AND
FILED

04 APR -2 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000000409 1. Entity Name MCCORMICK FAMILY INVESTMENTS, LTD.	
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Principal Place of Business 907 MARINA DR. #401 NORTH PALM BEACH, FL 33408	Mailing Address 907 MARINA DR. #401 NORTH PALM BEACH, FL 33408
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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

03112004 Chg-LP CR2E003 (10/03)

6. Name and Address of Current Registered Agent MCCORMICK, ROBERT F 907 MARINA DR. #401 NORTH PALM BEACH, FL 33408	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$980.00	10. Amount of Capital Contributions in FLORIDA to date.	
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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												
<table border="1" style="width:100%"> <tr> <td style="width:15%">DOCUMENT #</td> <td>G03072900032</td> </tr> <tr> <td>NAME</td> <td>ROBERT F. MCCORMICK AMENDED AND RESTATED</td> </tr> <tr> <td>STREET ADDRESS</td> <td>907 MARINA DR. #401</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH PALM BEACH, FL 33408</td> </tr> </table>	DOCUMENT #	G03072900032	NAME	ROBERT F. MCCORMICK AMENDED AND RESTATED	STREET ADDRESS	907 MARINA DR. #401	CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	<table border="1" style="width:100%"> <tr> <td style="width:30%">STREET ADDRESS</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td align="center">700032839297</td> </tr> </table>	STREET ADDRESS		CITY-ST-ZIP	700032839297
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STAPLE CHECK HERE

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: Robert F. McCormick *Trustee of General Partner* **3/11/04** **(561) 683-2484**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Partner Date Daytime Phone #