
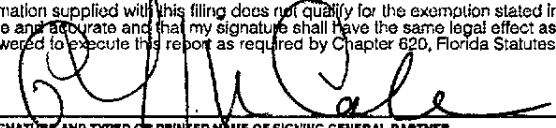


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001318			
1. Entity Name MCABE FAMILY LIMITED PARTNERSHIP, LP			
Principal Place of Business 699 5TH AVE. SOUTH NAPLES, FL 34102		Mailing Address 699 5TH AVE. SOUTH NAPLES, FL 34102	
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 20-0215558		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01192005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MCCABE, PHILLIP J 699 5TH AVE. SOUTH NAPLES, FL 34102		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. \$343,000.00		10. Amount of Capital Contributions in FLORIDA to date. <input checked="" type="checkbox"/>	
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	P03000099229 MCCABE'S, INC. 699 5TH AVE. SOUTH NAPLES, FL 34102	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	U00000331090 04/26/05-80002-014 141.25
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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: 		4-15-05 239-263-0723	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	

STAPLE CHECK HERE