

# **2004 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A03000001436

Entity Name: MCMANUS PROPERTIES, LTD.

**FILED**  
**Jul 04, 2004**  
**Secretary of State**

**Current Principal Place of Business:**

432 MARION DRIVE  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 2418  
SANTA ROSA BEACH, FL 32459

**New Mailing Address:**

FEI Number: 58-2683634

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FOSTER, WILLIAM S  
909 MAR WALT DRIVE, SUITE 1014  
FT. WALTON BEACH, FL 32547 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 99.00

**Amount of Capital Contributions in Florida to date:** 0.00

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MCMANUS PROPERTIES, INC.

Address: P.O. BOX 2418

City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ANGELA MCMANUS

PRES

07/04/2004

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date