


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 FEB -7 AM 9:02

<b>DOCUMENT # A04000000575</b> 1. Entity Name <b>REYNOLD &amp; CLAIRE MCPHAIL FAMILY PARTNERSHIP, LTD.</b>	
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Principal Place of Business <b>22420 THOUSAND PINES LANE BOCA RATON FL 33428</b>	Mailing Address <b>22420 THOUSAND PINES LANE BOCA RATON FL 33428</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent <b>MCPHAIL, REYNOLD 22420 THOUSAND PINES LANE BOCA RATON FL 33428</b>	
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4. FEI Number <b>56-2454191</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$30,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.
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**11. FILE NOW!!! Due by May 1, 2005**  
See Block 11 instructions for fee info.

**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	
DOCUMENT #	
NAME	<b>MCPHAIL, REYNOLD</b>
STREET ADDRESS	<b>22420 THOUSAND PINES LANE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
DOCUMENT #	
NAME	<b>MCPHAIL, CLAIRE</b>
STREET ADDRESS	<b>22420 THOUSAND PINES LANE</b>
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

**300046628023**  
**02/15/05--01008--018 \*\*298.75**

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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**2/03/05** **561 857-6852**  
Date Daytime Phone #

STAPLE CHECK HERE