

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # A04000002054					
1. Entity Name MCCARTY ROAD ASSOCIATES, LTD.					
Principal Place of Business 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410			Mailing Address 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410		
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 34-2031875	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SCHICKENDANZ, W K 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410				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. \$500,000.00		10. Amount of Capital Contributions in FLORIDA to date.			
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 #	SCHICKEDANZ, G H 7741 N. MILITARY TRAIL, SUITE 1 PALM BEACH GARDENS, FL 33410		STREET ADDRESS	000054031000 05/06/05--01112--019 **526.25	
NAME					
CITY-ST-ZIP					
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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: <i>Waldemar Schickedanz</i>			3/10/2005		
Waldemar Schickedanz Registered Agent			561-845-8797		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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