2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

## **DOCUMENT # A07000000368**

1. Entity Name

## MCC NEW YORK REALTY FAMILY LIMITED

Solid N. U.S.	PARTNERSHIP					A. 3		
FT. PIERCE FL 34946  2. Principal Record of Businesis. No P.O. Box # 3. Mailing Address  Suito, Apt. A. etc. Suite Suite Chip & State  City & State Chip & State  City & State Chip & State  Coty & State Chip &	Principal Place of Business			Mailing Address				
Side, Apt. 4, etc.    Suite, Apt. 4, etc.								
City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	2. Principal Place of Business - No P.C. Box # 3. Mailing Address						1 10524 154 0011 10011 00111 00111 00113 0013 0013	
Secretary   Secr	Suite, Apt. #, etc.			Suite, Apt. #, etc.			1st MOORE CR2E003 (10/07)	
Country   Zip   Country   Spanned   Sectional   Sect	City & State			City & State				
CIRRITO, DONALD S014 N. US 1   FT. PIERCE FL 34946   Series Authorises (P.O. Box Number is Not Autorptible)	Zip	Zip Country		Zip	Country		5 Certificate of Status Desired   \$8.75 Additional	
CIRRITO, DONALD \$014 N. US 1 FT. PIERCE FL 34946  City FL Zo Code  8. The above named onlity outmits this statement for the purpose of changing its registered diffice or registered signal, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature  FILE NOW!!! Foe is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.  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 filled to change a general partner.  12. GENERAL PARTNERI INFORMATION  13. ADDRESS CHANGES ONLY  POSSIBILITY OFFICE.  CIRRITO, MICHAEL  SITEST TARRESS  CIRRITO, MICHAEL  CIRRITO, CAROLINE  SITEST TARRESS  CIRCLE FL 34946  CIRRITO, CAROLINE  SITEST TARRESS  CIRCLE FL 34946  CIRRITO, CAROLINE  SITEST TARRESS  CIRCLE FL 34946  CIRC		6. Name	and Address of Curren	t Registered Agent				
SOLATIVE  8. The above named entity outmot this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. The both, and accept the obligations of registered agent. The both, and accept the obligations of registered agent. The both, and accept the obligations of registered agent. The both, and accept the obligations of registered agent. The both, and accept the obligations of registered agent. The both, and accept the obligations of registered agent. The both accept the obligations of registered		<del>-</del>			Nar	ne	<u>-</u> .	
City FL Zio Code  8. The above named critify dubmits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  FILE NOW!!! Fee is \$500. ** After May 1, 2008, fee will be \$900. ** Make check payable to Florida Dopartment of State.  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 15. ADDRESS CHANGES ONLY  POCUMENT AND IT OF THE PROPERTY OF	5014 N. US 1				Stre	Street Address (P.O. Box Number is Not Acceptable)		
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 filled to change a general partner.  12. 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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION  13. ADDRESS CHANGES ONLY  POLIMENT A STREET ADDRESS  CITY-ST-JZP  CIRRITO, MICHAEL  SIRRET ADDRESS  CITY-ST-JZP  CIRRITO, CAROLINE  SOI4 N. US 1  TT. PIERCE FL 34946  CIPY-ST-JZP  COUMENT ADDRESS  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  COUMENT ADDRESS  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  CIPY-ST-JZP  COUMENT ADDRESS  CIPY-ST-JZP  CIP	F1.	FIENCE F	L 34940					
ACCORD THE obligations of registered agent.    Signature   Secure taxes or present super-sections as per sections and the following and the following and the following and the following and an extensive and the following and the form; an amendment must be filled to change a general partner.    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 filled to change a general partner.    COLUMBRIT   SEREF ADDRESS   SOI4 N. U.S.1					City	/	FL Zip Code	
FILE NOW!!! Fee is \$500. *** After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH HIS 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  COCUMENT / NAME  STREET ADDRESS  COLINION MICHAEL  5014 N. US 1  FT. PIERCE FL 34946  CIRRITO, CAROLINE  5014 N. US 1  FT. PIERCE FL 34946  CIRRITO, CAROLINE  5014 N. US 1  FT. PIERCE FL 34946  CIRRITO, CAROLINE  5014 N. US 1  FT. PIERCE FL 34946  CITY-SI-ZIP  CITY-SI-ZIP  COCUMENT / NAME  STREET ADDRESS  CITY-SI-ZIP  COLINION STREET ADDRESS  CITY-SI-ZIP  COLINION STREET ADDRESS  CITY-SI-ZIP  COLINION STREET ADDRESS  CITY-SI-ZIP  COCUMENT / NAME  STREET ADDRESS  CITY-SI-ZIP  COCUMENT / NAME  STREET ADDRESS  CITY-SI-ZIP  COLINION STREET ADDRESS  COLINIO								
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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT   NAME   CIRRITO, MICHAEL   SOIGH N. US 1   FT. PIERCE FL 34946   CIRRITO, CAROLINE   SITRET ADDRESS   SOIGH N. US 1   CIRRITO, CAROLINE   SITRET ADDRESS   SOIGH N. US 1   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   COLUMENT   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   COLUMENT   NAME   CITY-ST-ZIP   COLUMENT   NAME   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   COLUMENT   NAME   CITY-ST-ZIP   CITY	SIGNATURE Squalite, taked to printed national engineerial agent unid itte it applicable.							
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 filled to change a general partner.  12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY  DOCUMENT   NAME   CIRRITO, MICHAEL   SOIGH N. US 1   FT. PIERCE FL 34946   CIRRITO, CAROLINE   SITRET ADDRESS   SOIGH N. US 1   CIRRITO, CAROLINE   SITRET ADDRESS   SOIGH N. US 1   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   COLUMENT   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   COLUMENT   NAME   CITY-ST-ZIP   COLUMENT   NAME   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   COLUMENT   NAME   CITY-ST-ZIP   CITY	FILE NO	W!!! Fee	is \$500. *** Afte	er May 1, 2008, fee wil	ll be \$900.	*** Mal	ke check payable to Florida Department of State.	
12.   GENERAL PARTNER INFORMATION   13.   ADDRESS CHANGES ONLY	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.							
NAME   STREET ADDRESS   SO14 N. US 1   FT. PIERCE FL 34946   STREET ADDRESS   STREET ADDR								
CIRRITO, MICHAEL   STREET ADDRESS   ST		DOCUMENT *				ess		
DOCUMENT # NAME CITY-ST-ZIP CI		Similar S, Milot II IEE					രുന്നു കാരത്തിക്കുന്ന	
NAME CIRRITO, CAROLINE STREET ADDRESS CITY-ST-ZIP FT. PIERCE FL 34946  CITY-ST-ZIP  DOCUMENT A NAME STREET ADDRESS CITY-ST-ZIP  COLUMENT A NAME CITY-ST-ZIP  COLUMENT A NAME CITY-ST-ZIP  COCUMENT A CITY-ST-ZIP  CITY-ST-ZIP  COCUMENT A CITY-ST-ZIP	CITY-ST-ZIP	55 55 ,			ÇITY-ST-ZIP		03/19/0301015013 **500.00	
CITY-ST-ZIP FT. PIERCE FL 34946 CITY-ST-ZIP  DOCUMENT   NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT   NAME STREE	NAME	l ·				PESS		
STREET ADDRESS CITY-ST-ZIP	{				CITY-ST-ZIP			
CITY-ST-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  DOCUMENT # STREET ADDRESS CITY-ST-ZIP	NAME				STREET ADDR	€SS		
NAME STREET ADDRESS CITY-ST-ZIP					ĆITY-\$1-ZIP			
CITY-SI-ZIP  DOCUMENT # NAME STREET ADDRESS CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP  CITY-SI-ZIP					STREET ADDR	ess		
NAME STREET ADDRESS CITY-ST-ZIP OGCHARNT:  CTUFFET ADDRESS CITY-ST-ZIP CTUFFET ADDRESS CITY-ST-ZIP					CITY-ST-ZIP			
CITY-ST-ZIP CITY-ST-ZIP					STREET AUCR	ESS		
CTREET ADDRESS 1					CITY-ST-ZIP			
	OGCURMENT <sup>®</sup>				STREET ADDR	SESS		
STREET ADDRESS CITY- ST-ZIP CITY- ST-ZIP	STREET ADDRESS				CHY-ST-ZIP			

14. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dig

FILED SECRETARY OF STATE JALLAHASSEE, FLORIDA

08 MAR 11 PM 4: 39