


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

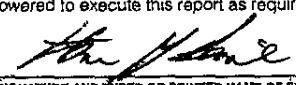
FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # A13915 1. Entity Name MCGREGOR BOULEVARD CENTER, LTD.					
Principal Place of Business 15051 S. TAMiami TR., SUITE 203 FORT MYERS, FL 33908			Mailing Address 15051 S. TAMiami TR., SUITE 203 FORT MYERS, FL 33908		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-2255726	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
5. Name and Address of Current Registered Agent LEVINE, STEVEN G. 2824 VALENCIA WAY FORT MYERS, FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$135,000.00			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 #	NAME		STREET ADDRESS		
STREET ADDRESS	LEVINE, STEVEN G		CITY-ST-ZIP		
CITY-ST-ZIP	15051 S. TAMiami TRAIL, STE. 203 FT. MYERS, FL 33908				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	ADKINS, EDWARD D		CITY-ST-ZIP		
CITY-ST-ZIP	15051 S. TAMiami TRAIL, STE. 203 FT. MYERS, FL 33908				
DOCUMENT #	NAME		STREET ADDRESS		
STREET ADDRESS	LEVINE, SCOTT		CITY-ST-ZIP		
CITY-ST-ZIP	15051 S. TAMiami TRAIL, STE. 203 FT. MYERS, FL 33908				
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **4/30/05**

Daytime Phone # **(239) 466-7737**