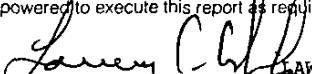


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A26355 1. Entity Name MUM FAMILY LIMITED PARTNERSHIP						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 05 FEB -9 AM 11:15		
Principal Place of Business 68 MAMMOTH GROVE RD. LAKE WALES, FL 33898-7330				Mailing Address 68 MAMMOTH GROVE RD. LAKE WALES, FL 33898-7330				
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address P.O. BOX 231 Suite, Apt. #, etc.			 01192005 Chg-LP CR2E003 (10/03)		
City & State			City & State LAKE WALES, FL					
Zip		Country		4. FEI Number 59-2886342				Applied For ☐ Not Applicable
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent UPDIKE, LAWRENCE C. 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33853				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. \$990,000.00				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 #	648901			STREET ADDRESS				
NAME	GINCO, INCORPORATED			CITY-ST-ZIP				
STREET ADDRESS	68 MAMMOTH GROVE RD			CITY-ST-ZIP				
CITY-ST-ZIP	LAKE WALES, FL 338987330			CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS				
NAME				CITY-ST-ZIP				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP				CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS				
NAME				CITY-ST-ZIP				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP				CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS				
NAME				CITY-ST-ZIP				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP				CITY-ST-ZIP				
DOCUMENT #				STREET ADDRESS				
NAME				CITY-ST-ZIP				
STREET ADDRESS				CITY-ST-ZIP				
CITY-ST-ZIP				CITY-ST-ZIP				

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:  **LAWRENCE C. UPDIKE, SECRETARY/TREASURER** **JANUARY 20, 2005** 863-696-1487

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #