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	Mailing Address
68 MAMMOTH GROVE RD. LAKE WALES, FL 33898-7330	68 MAMMOTH GROVE RD. LAKE WALES, FL 33898-7330

01192005 Chg-LP CR2E003 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 231 Suite, Apt. #, etc.
City & State	City & State LAKE WALES, FL
Zip / Country	Zip 33859-0231 / Country

4. FEI Number 59-2886342 ☐ 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
UPDIKE, LAWRENCE C. 68 MAMMOTH GROVE ROAD LAKE WALES, FL 33853	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.	10. Amount of Capital Contributions in FLORIDA to date.
$990,000.00	

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	LAKE WALES, FL 338987330		
DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
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 #