



**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

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

<b>DOCUMENT # A27644</b>			
1. Entity Name <b>MEADOW RIDGE ESTATES, LTD.</b>			
Principal Place of Business <b>208 W ALAMO DR LAKELAND FL 33813-1503</b>		Mailing Address <b>PO BOX 5400 LAKELAND FL 33807-5400</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>HARPER, ROBERT F III 208 W ALAMO DR LAKELAND FL 33813-1503</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 Signature, typed or printed name of registered agent and title if applicable		DATE	
9. Capital Contributions as Shown on record. <b>---\$200.00</b>		10. Amount of Capital Contributions in FLORIDA to date.	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	G99051900271	STREET ADDRESS	
NAME	FAIRFAX ASSOCIATES	CITY-ST-ZIP	
STREET ADDRESS	208 W ALAMO DR		
CITY-ST-ZIP	LAKELAND FL 33813-1503		
DOCUMENT #	A22230	STREET ADDRESS	
NAME	MURRAY FINANCIAL GROUP, LTD.	CITY-ST-ZIP	
STREET ADDRESS	208 W ALAMO DR		
CITY-ST-ZIP	LAKELAND FL 33813-1503		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: 		4/14/05 863 647-5554	
Robert F. Harper, III SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



1ST MOORE CR2E003 (10/04)

4. FEI Number **59-2924108** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

11. FILE NOW!!! Due by May 1, 2005.  
See Block 11 instructions for fee info.

U00000346396  
04/30/05-80074-011 141.25

STAPLE CHECK HERE