


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

DOCUMENT # A95000000393		
1. Entity Name M & S FINANCE, A FLORIDA LIMITED PARTNERSHIP		

Principal Place of Business 2040 N.W. 67TH PLACE GAINESVILLE FL 32627-5278	Mailing Address P.O. BOX 5278 GAINESVILLE FL 32602-5278
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 FEB -7 AM 9:35



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent CLARK, HERBERT W 2040 N.W. 67TH PLACE GAINESVILLE FL 32653		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.		11. FILE NOW!!! Due by May 1, 2005 See Block 11 instructions for fee info.
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		
9. Capital Contributions as Shown on record. \$25,000.00	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 CITY-ST-ZIP	P92000013417 O'NEIL MANAGEMENT SERVICES, INC. 2040 N.W. 67TH PLACE GAINESVILLE FL 32653	STREET ADDRESS	
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02/11/05--01013--003 **263.75

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: Herbert W. Clark
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Jan. 26, 2005
Date

(352) 264-7100
Daytime Phone #

STAPLE CHECK HERE