

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 11:57

1. Name of Limited Partnership

1a. DOCUMENT #
A95000002040

MCMURRAIN FARMS LIMITED PARTNERSHIP



Mailing Address

P.O. BOX 2984
DELRAY BEACH FL 33447

Principal Office Address

13697 STATE ROAD 7
DELRAY BEACH FL 33446

3. Date Formed or Registered

12/26/1995

5a. Capital Contributions as
Shown on record.

\$7,402,500.00

3a. Date of Last Report

10/14/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

7,317,549

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0628304

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 S. FLAGLER DRIVE, SUITE 500 EAST
WEST PALM BEACH FL 33401

10. If changed, now Registered Agent/Office

Name

9000002340999-9

Street Address (P.O. Box Number Is Not Acceptable)

11/06/97-01122-012

Suite, Apt. #, etc.

****541.25 ****541.25

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

TRIPLE M FL-GL FARMS, INC,

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

13697 STATE ROAD 7

11b. City, State & Zip Code

DELRAY BEACH FL 33446

11c. Registration/
Document Number

P95000097131

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

George H. McMurray Jr

Daytime Telephone Number

499-4176

CR2E003 (6/97)