


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
1. Name of Limited Partnership MCMURRAIN FARMS LIMITED PARTNERSHIP		1a. DOCUMENT # A95000002040

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV -3 AM 11:57



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
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		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	
				6. FEI Number 65-0628304	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/>	\$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 900002340999-9 Street Address (P.O. Box Number Is Not Acceptable) 11/05/97-01122-012 ****541.25 ****541.25 Suite, Apt. #, etc. City FL Zip Code	
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TRIPLE M FL-GL FARMS, INC,	13697 STATE ROAD 7	DELRAY BEACH FL 33446	P95000097131 CK 11-4

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 *George H. McMurray Jr* DATE *1 Nov 97*
 Typed or Printed Name of General Partner Signing Form *George H. McMurray Jr* Daytime Telephone Number *499-4126*

CR2E003 (6/97)