

2000 UNIFORM BUSINESS REPORT (UBR)

0013132 AF

DOCUMENT # **A95000002040**

1. Entity Name
MCMURRAIN FARMS LIMITED PARTNERSHIP

FILED

00 FEB 15 PM 2: 58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 13697 STATE ROAD 7 DELRAY BEACH FL 33446	Mailing Address P.O. BOX 2904 DELRAY BEACH FL 33447-2904
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0628304		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500 EAST WEST PALM BEACH FL 33401				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.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **\$7,402,500.00** 10. Amount of Capital Contributions in FLORIDA to date. **7,317,549** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P95000097131	STREET ADDRESS	
NAME	TRIPLE M FL-GL FARMS, INC,	CITY - ST - ZIP	
STREET ADDRESS	13697 STATE ROAD 7		
CITY - ST - ZIP	DELRAY BEACH FL 33446		
DOCUMENT #		STREET ADDRESS	000003148100--5
NAME		CITY - ST - ZIP	02/25/00 01088 019
STREET ADDRESS			****526.25 ****526.25
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *George H. McMurray, Jr.* **GEORGE H. MCMURRAIN, JR** 5 Feb 2000 561-276-3821
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)