


# 2001 UNIFORM BUSINESS REPORT (UBR)

0009005 AF

**DOCUMENT #** A95000002040  
**1. Entity Name**  
 MCMURRAIN FARMS LIMITED PARTNERSHIP

**FILED**  
 01 MAR 12 AM 11:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**Principal Place of Business** 13697 STATE ROAD 7  
 DELRAY BEACH FL 33446  
**Mailing Address** P.O. BOX 2984  
 DELRAY BEACH FL 33447

**2. Principal Place of Business** Suite, Apt. #, etc.  
**3. Mailing Address** Suite, Apt. #, etc.  
**City & State**  
**Zip** **Country**

**4. FEI Number** 65-0628304  
 Applied For  Not Applicable  
**5. Certificate of Status Desired**  **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

**7. Name and Address of New Registered Agent**  
 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 \_\_\_\_\_ (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	
DOCUMENT #	P95000097131
NAME	TRIPLE M FL-GL FARMS, INC,
STREET ADDRESS	13697 STATE ROAD 7
CITY-ST-ZIP	DELRAY BEACH FL 33446
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	700003852997--3 -03/14/01-01000-017 ****526.25 ****526.25
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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. MCMURRAIN, JR 3/10/01**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)