

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A95000002040

1. Entity Name

MCMURRAIN FARMS LIMITED PARTNERSHIP

Principal Place of Business

Mailing Address

13697 STATE ROAD 7  
DELRAY BEACH FL 33446

P.O. BOX 2984  
DELRAY BEACH FL 33447

FILED

02 MAR 11 PM 3:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

P.O. BOX 2984

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

65-0628304

Applied For

Not Applicable

Zip

Country

Zip

Country

33447

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

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.

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  
NAME TRIPLE M FL-GL FARMS, INC.  
STREET ADDRESS 13697 STATE ROAD 7  
CITY-ST-ZIP DELRAY BEACH FL 33446

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
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CITY-ST-ZIP

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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

3/9/2002

561-499-4176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CP2E003 (9/01)

0012363 AT

STAPLE CHECK HERE