

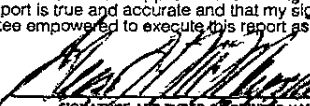


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # A95000002040					
1. Entity Name MCMURRAIN FARMS LIMITED PARTNERSHIP					
Principal Place of Business P.O. BOX 2984 DELRAY BEACH, FL 33447			Mailing Address P.O. BOX 2984 DELRAY BEACH, FL 33447		
2. Principal Place of Business		3. Mailing Address		 01122004 Chg-LP CR2E003 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 65-0628304	Applied For Not Applicable
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$7,402,500.00		10. Amount of Capital Contributions in FLORIDA to date. <u>932,547.54</u> <u>12/31/03</u>			
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			1100000070861 02/28/04 00036 002 526.25	
CITY-ST-ZIP	DELRAY BEACH, FL 33446				
DOCUMENT #			STREET ADDRESS		
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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. MCMURRAIN JR		561-499-4176
			Date		Daytime Phone #

STAPLE CHECK HERE