


**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

05 MAR -7 AM 8:17

**DOCUMENT # A95000002040**

1. Entity Name  
 MCMURRAIN FARMS LIMITED PARTNERSHIP



Principal Place of Business  
~~P.O. BOX 2984~~  
 DELRAY BEACH, FL 33447  
 P.O. Box 580  
 BOYNTON BEACH, FL 33425-0580

Mailing Address  
~~P.O. BOX 2984~~ P.O. Box 580  
 DELRAY BEACH, FL 33447  
 BOYNTON BEACH, FL 33425-0580

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 Zip Country

02112005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0628304 Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$7,402,500.00

10. Amount of Capital Contributions in FLORIDA to date. 913,686

**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	000048400050
NAME		CITY-ST-ZIP	03/15/05--01011--013 **526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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:  DATE: 5 Mar 05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #