


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # A9500002040
1. Entity Name
MCMURRAIN FARMS LIMITED PARTNERSHIP



Principal Place of Business Mailing Address
P O BOX 580 BOYNTON BEACH FL 33425-0580 **P O BOX 580 BOYNTON BEACH FL 33425-0580**



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

1st MOORE CR2E003 (10/05)
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.

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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	000000434820
STREET ADDRESS	13697 STATE ROAD 7		02/25/06-80017-011 500.00
CITY-ST-ZIP	DELRAY BEACH FL 33446		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  11 Feb 06 1-561-499-4176
Date: _____
General Partner Name: _____