

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A95000002040**



**1. Entity Name**  
MCMURRAIN FARMS LIMITED PARTNERSHIP

**FILED**

03 FEB 13 PM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**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**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

**DUE BY MAY 1, 2003**

**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**

**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. 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.** **957,778.92**      **11. MAKE CHECK PAYABLE TO FL. 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 #	NAME	STREET ADDRESS	CITY-ST-ZIP
P95000097131	TRIPLE M FL-GL FARMS, INC,	13697 STATE ROAD 7	DELRAY BEACH FL 33446

STREET ADDRESS	CITY-ST-ZIP
	100012385171 02/12/03--01038--008 **526.25

**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, TROUBLESHOOTER      8 Feb 2003      (561) 499-5116  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

CR2E003 (10/02)