

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUN 18 AM 10:31

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 01/30/04 01054 011 \$526.25



DOCUMENT # A96000001268
 1. Entity Name
MCCORD REALTY LIMITED



Principal Place of Business
**50 BELLAC ROAD
 TALLAHASSEE, FL 32303**

Mailing Address
**50 BELLAC ROAD
 TALLAHASSEE, FL 32303**

2. Principal Place of Business
3209 Remington Run

3. Mailing Address
P.O. Box 182889

Suite, Apt. #, etc.

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32312-1461

Country
USA

Zip
32318-0025

Country
USA

06102004 Chg-LP CR2E003 (10/03)

4. FEI Number
59-3390864

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MCCORD, FRED L
 50 BELLAC ROAD
 TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
3209 Remington Run

City
Tallahassee

FL Zip Code
32312-1461

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. **\$5,622,134.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 #		STREET ADDRESS	3209 Remington Run
NAME	MCCORD, FRED L	CITY-ST-ZIP	Tallahassee, FL 32312-1461
STREET ADDRESS	50 BELLAC ROAD		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
DOCUMENT #		STREET ADDRESS	
NAME	Clifford R. Hinkle	CITY-ST-ZIP	
STREET ADDRESS	111 S. Monroe St., Ste 2000B		
CITY-ST-ZIP	Tallahassee, FL 32301-1583		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

BSK

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: *Fred L. McCord* Fred L. McCord 6/18/04 850 562 2219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #