


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # A97000000914	
1. Entity Name MULDOON FAMILY LIMITED PARTERSHIP	

Principal Place of Business 1000 LOWRY STREET, #2A DELRAY BEACH FL 33483	Mailing Address C/O MS JOAN NUTHMANN PO BOX 2025 BOCA RATON FL 33427-2025
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2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.

City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E003 (11/03)

4. FEI Number 65-0744921	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NUTHMANN, JOAN 1000 LOWRY STREET, #2A DELRAY BEACH FL 33483

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$776,395.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
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STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
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STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	
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STREET ADDRESS	CITY - ST - ZIP	CITY - ST - ZIP	

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05/03/04-80002-003 526.25

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: *Joan Muldoon Nuthmann* *February 21, 2004* *561 266 0183*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE