2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED Feb 17, 2004 08:00 AM Secretary of State

						J	of State
DOCUMENT # A9700002948 1. Entity Name MCCRARY FAMILY LIMITED PARTNERSHIP, LLLP							
****	Mailing Address			4			
1395 BUCKSAW PLACE 1395 BUCKSAW PLACE		ACE.					
	LONGWOOD, FL 32	750					
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	3. Marring Address	<u></u>					
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	Suite, Apr. #, etc			01082004	Chg-LP	CR2E003	3 (10/03)
	City & State			IF:			Applied For
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try	Zip	Cour	iry	5. Certificate	of Status Desired		B.75 Additional e Required
dress of Current F	Registered Agent			7. Name and	Address of New F		£
			Name				
MCCRARY, LOUIS H 1395 BUCKSAW PLACE			Street Address	(P.O. Box Numbe	r is Not Acceptable	e)	
							
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	- as var	. ts =: -	City		r. restrictura	FL	Z _I p Code
s this statement for	the purpose of changing	its register	ed office or registe	red agent, or both	n, in the State of Flo	orida. I am far	niliar with, and accep
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name of registrated agent a	nd title if applicable					· mark	
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11,938.00					_		
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			i; an amendme	nt must be filed			er.
INCUST ENDITAGE	TULCOBIMATION .			<u> </u>	AUDRESS CH	ANGES UNLY	<u> </u>
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	same a suppose which street to the	CITY	-ST-ZIP			·	- 1911年記録
ation supplied with I and accurate and t	this filing does not qualify	for the exe	mption stated in S	ection 119 07(3)(i)). Florida Statutes	- I further certily	
	is this statement for ent 21,938.00 AL PARTNER TI FIGURE HACE 32750	3. Marring Address Suite, Apt. #, etc City & State Zrp Idress of Current Registered Agent In a displaying displaying the purpose of changing ent 10. Amount of Carlo FLORIDA to PLORIDA to PLACE 32750	Suite. Apt. #. etc City & State Agent City & State Cour C	3. Maining Address Suite. Apt. #. etc City & State Try Zip Country Iddress of Current Registered Agent Name Street Address City Is this statement for the purpose of changing its registered office or registerent Purpor of agentumal agent and USB A appallable. 10. Amount of Capital Contributions In FLORIDA to date. AL PARTINER THAT IS A BUSINESS ENTITY MUST BE REGIS TREET ADDRESS AND SIREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	Suite. Apt. #. etc 01082004 City & State 4. FEI Number 59-348; stry Zip Country 5. Certificate in Name 1. Name and Name 1. Name and Name 1. Name 2. Street Address (P.O. Box Number 2. Name and Name 2. Street Address (P.O. Box Number 2. Name 3. Na	3. Maning Address Suite Apt. # etc O1082004 Chg-LP City & State City & State City & State Country Zip Country Country Street Address of Quirent Registered Agent Name Street Address (P.O. Box Number is Not Acceptable City City City City City Street Address (P.O. Box Number is Not Acceptable City City City Street Address (P.O. Box Number is Not Acceptable City City Street Address (P.O. Box Number is Not Acceptable City City Street Address (P.O. Box Number is Not Acceptable City Street Address (P.O. Box Num	Suite Apt. #, etc 01082004 Chg-LP CR2E003 City & State 59-3489281 Size Apt. #, etc 01082004 Chg-LP CR2E003 City & State 59-3489281 Size 59-3489281 Size 64 FEI Number 64 FEI Number 65-3489281 Size 64 FEI Number 65-3489281 Size 64 FEI Number 65-3489281 Size 64 FEI Number 65 Not Acceptable) City FL Site 51 Applies 1 Size 64 FEI Number 65 Not Acceptable Size 64 FEI