


**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

**FILED  
Mar 08, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # A97000002948**  
1. Entity Name  
MCCRARY FAMILY LIMITED PARTNERSHIP, LLLP



Principal Place of Business      Mailing Address  
1395 BUCKSAW PLACE      1395 BUCKSAW PLACE  
LONGWOOD, FL 32750      LONGWOOD, FL 32750

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



02282005    Chg-LP    CR2E003 (10/03)

4. FEI Number  
59-3489261

Applied For
Not Applicable

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

**6. Name and Address of Current Registered Agent**

MCCRARY, LOUIS H  
1395 BUCKSAW PLACE  
LONGWOOD, FL 32750

**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.

9. Capital Contributions as Shown on record.    \$1,291,938.00    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 #	MCCRARY, LOUISE H	STREET ADDRESS	
NAME	1395 BUCKSAW PLACE	CITY-ST-ZIP	
STREET ADDRESS	LONGWOOD, FL 32750		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	100000255318
NAME		CITY-ST-ZIP	03/08/05-80009-015 526.25
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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 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: Louise H. McCrary      Date: 3/2/05  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #