


**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	
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Principal Place of Business 1395 BUCKSAW PLACE LONGWOOD, FL 32750	Mailing Address 1395 BUCKSAW PLACE LONGWOOD, FL 32750
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip
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02282005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3489261	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE
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9. Capital Contributions as Shown on record. \$1,291,938.00	10. Amount of Capital Contributions in FLORIDA to date.
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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 #	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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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: <i>Louise H. McCrary</i>	Date: 3/2/05
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>