


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0007879 AT

DOCUMENT # A97000002948

1. Entity Name
MCCRARY FAMILY LIMITED PARTNERSHIP, LLLP



FILED
03 MAR -7 AM 10:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**1395 BUCKSAW PLACE
LONGWOOD FL 32750**

Mailing Address
**1395 BUCKSAW PLACE
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

DUE BY MAY 1, 2003

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.	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 #	MCCRARY, LOUISE H	STREET ADDRESS	
NAME	1395 BUCKSAW PLACE	CITY-ST-ZIP	
STREET ADDRESS	LONGWOOD FL 32750		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	500013691775
NAME		CITY-ST-ZIP	03/07/03--01041--017 **526.25
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Loise H MCCRARY* **3/4/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)