


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUL 29 AM 9:00

DOCUMENT # A99000000064 1. Entity Name MCCARTHY FAMILY LIMITED PARTNERSHIP					
Principal Place of Business 4883 OTIS TRAIL FERNANDINA BEACH, FL 32034			Mailing Address 4883 OTIS TRAIL FERNANDINA BEACH, FL 32034		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		03222005 Chg-LP CR2E003 (10/03)	
4. FEI Number 59-3554056				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			7. Name and Address of New Registered Agent		
MCCARTHY, BRIAN K 4883 OTIS TRAIL FERNANDINA BEACH, FL 32304			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and the date code</small>					
9. Capital Contributions as Shown on record. \$1,000.00			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 #	P99000003298		STREET ADDRESS		
NAME	MFLP, INC.		CITY ST ZIP		
STREET ADDRESS	4883 OTIS TRAIL		CITY ST ZIP		
CITY-ST-ZIP	FERNANDINA BEACH, FL 32034		CITY-ST-ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
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CITY-ST-ZIP			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: <i>Brian K. McCarthy</i> Brian K. McCarthy 7/11/05 904-277-1557			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #		

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