

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A99000000949



1. Entity Name
MICHAEL AND MARTHA MCCORMICK LIMITED PARTNERSHIP

FILED

04 MAY -3 PM 6:31

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business
**213 COVE TERRACE DRIVE
PANAMA CITY, FL 32401**

Mailing Address
**213 COVE TERRACE DRIVE
PANAMA CITY, FL 32401**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

03242004 Chg-LP CR2E003 (10/03)

City & State

4. FEI Number
59-3580225

Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent

**HARE, DIANE C
3003 S. HIGHWAY 77, STE A
LYNN HAVEN, FL 32444**

7. Name and Address of New Registered Agent

Name **Diane C. Hare, CPA**

Street Address (P.O. Box Number is Not Acceptable)
2589 Jenks Avenue

City **Panama City** FL Zip Code **32405**

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. **\$176,000.00**

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 # NAME STREET ADDRESS CITY-ST-ZIP	P99000048994 MCBONES INC 213 COVE TERRACE DRIVE PANAMA CITY, FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	500036552765
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	05/18/04--01055--011 **535.00
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DOCUMENT # NAME STREET ADDRESS 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: *Martha McCormick* **martha mccormick** **4-28-04 850-769-8123**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #