

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Apr 14, 2006 08:00 AM
Secretary of State

DOCUMENT # A99000000949

1. Entity Name
MICHAEL AND MARTHA MCCORMICK LIMITED PARTNERSHIP



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

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



DO NOT WRITE IN THIS SPACE

01202006 No Chg-LP

CR2E003 (11/05)

4. FEL Number

59-3580225

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARE, DIANE C
2589 JENKS AVENUE
PANAMA CITY, FL 32405**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00**

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

DOCUMENT # **P99000048994**
NAME **MCBONES INC**
STREET ADDRESS **213 COVE TERRACE DRIVE**
CITY-ST-ZIP **PANAMA CITY, FL**

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04/29/06-80040-004 508.75^M**

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** **4-12-06** **850-831-2092**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE