


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0006925 AT

DOCUMENT # A99000000949

1. Entity Name
MICHAEL AND MARTHA MCCORMICK LIMITED PARTNERSHIP



FILED

03 APR 29 PM 12:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

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.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DUE BY MAY 1, 2003

4. FEI 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
3003 S. HIGHWAY 77, STE A
LYNN HAVEN FL 32444

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. **\$176,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

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 # | P99000048994 | STREET ADDRESS | |
| NAME | MCBONES INC | CITY-ST-ZIP | |
| STREET ADDRESS | 213 COVE TERRACE DRIVE | | |
| CITY-ST-ZIP | PANAMA CITY FL | | |
| DOCUMENT # | | STREET ADDRESS | 700017305667 |
| NAME | | CITY-ST-ZIP | 04/29/03--01053--017 **535.00 |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST-ZIP | |
| STREET ADDRESS | | | |
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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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **DATE** 4/27/03 **Daytime Phone #** 850-769-8153

STAPLE CHECK HERE

CR2E003 (10/02)