


*** 2005 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2005

FILED
Mar 01, 2005 08:00 AM
Secretary of State

DOCUMENT # A99000000996 1. Entity Name THE M.C. LILLY LIMITED PARTNERSHIP					
Principal Place of Business 111 NORTH ORANGE AVE., SUITE 1200 ORLANDO, FL 32801			Mailing Address 111 NORTH ORANGE AVE., SUITE 1200 ORLANDO, FL 32801		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt #, etc.		Suite Apt #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LILLY, MICHAEL C C/O MAURICE SHAMS // MORAN & SHAMS, P.A. 111 NORTH ORANGE AVENUE, SUITE 1200 ORLANDO, FL 32801			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> 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 file if applicable.</small>					
9. Capital Contributions as Shown on record. \$584,344.00			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		
	STREET ADDRESS		CITY- ST- ZIP		
	CITY- ST- ZIP				
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	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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *MC Kelly*

1/24/05