## 2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 8, 2004

DOCUMENT # A9900001299  1. Entity Name B.R. MURRAY LIMITED PARTNERSHIP						FILED	
B.R. WORKAT LIWITED PARTNERSHIP					04 JUL -7 PH 3: 18		
Principal Place	e of Business	Mailing Address					
274 GEORGE RD. 274 (		274 GEORGE RD. Port Charlotte, Fl	4 GEORGE RD.		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
	·				LI LEGICAL PALE COMO ACOM COMO CALO P	ARKA BRAIR BAIRN KIRKA RAIR KAKIR KAKIR AKKAN AK KAKI	
Principal Place of Business     3		3. Mailing Address				######################################	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			07022004 Chg-LP	CR2E003 (10/03)	
City & State		City & State			4. FEI Number 65-0935442	Applied For Not Applicable	
Zip	Country	Zip	Count	try	5. Certificate of Status Desired	See Required	
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New		
2014 50 0 11:		*		Name In a rive Mush au			
	SHARON A: SALADINO MURRAY  274 GEORGE ROAD				Street Address (P.O. Box Number is Not Acceptable)		
PORT CHARLOTTE, FL 33952-9159				274 GEORGE RA			
	ė						
			.	City /	Chas	FL Zin Code	
8. The above	named entity submits this statement	for the purpose of changing its	s registere	ed office or registe		Florida. I am familiar with, and accept	
the obligati	ions of registered agent.	$\lambda$	•		1	1	
SIGNATURE	Signature, MDId or printed name of registered age	ent and title if applicable.		<del></del>		3 - 04 DATE	
9. Capital Contributions as Shown on record. \$1,194,000.00 In FLORIDA to da				outions	In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.		
					TERED AND ACTIVE WITH 1		
12.		WAY NOT be changed on t VER INFORMATION	the form	; an amendine	nt must be filed to change a ADDRESS C	general partner. CHANGES ONLY	
DOCUMENT /	deren variation of the control			EET ADDRESS			
NAME	MURRAY, BUFORD R			El ADDRESS			
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP			
DOCUMENT #							
NAME	SALADINO, SHARON A			ET ADDRESS			
STREET ADDRESS	\ · · · ·			-ST-ZIP ·	300039307213 07/19/0401061005 **141.25		
CITY-ST-ZIP	PORT CHARLOTTE, FL			31/21			
DOCUMENT <b>#</b> NAME				ET ADDRESS			
STREET ADDRESS	ي سه د محمده پس د را محمد ا		CITY	-ST-ZIP	·	<del></del>	
CITY-ST-ZIP							
DOCUMENT # NAME	1 ,		STRE	ET ADDRESS			
STREET ADDRESS			rity.	CITY-ST-ZIP .			
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,			-31-28			
DOCUMENT # NAME				STREET ADDRESS			
STREET ADDRESS	ADDRESS						
CITY-ST-ZIP "			CHY	-ST-ZIP			
DOCUMENT #				ET ADDRESS			
NAME STREET ADDRESS	is i			-ST-ZIP			
CITY-ST-ZIP					g = 1/2 ( 1/2 )		
7.		ith this filing does not qualify fo nd that my signature shall have this report as required by Char	or the exer the same pter 620, f	mption stated in S e legal effect as if i Florida Statutes	ection 119.07(3)(i), Florida Státute made under oath; that I am a Gene	s. I further certify that the information eral Partner of the limited partnership or	
SIGNAT	URE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING GENER	AL PARTNE	<u>u</u>		Davtime Phone #	