

**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2005**

**FILED**  
**May 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A99000001299</b> 1. Entity Name <b>B.R. MURRAY LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>274 GEORGE RD. PORT CHARLOTTE FL</b>			Mailing Address <b>274 GEORGE RD. PORT CHARLOTTE FL</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>65-0935442</b>	
6. Name and Address of Current Registered Agent  <b>MURRAY, SHARON 274 GEORGE ROAD PORT CHARLOTTE FL 33952</b>				7. Name and Address of New Registered Agent  Name Street Address (P O. Box Number is Not Acceptable) City	
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 title if applicable</small>				11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
9. Capital Contributions as Shown on record. <b>\$1,194,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>MURRAY, BUFORD R</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>274 GEORGE ROAD</b>		CITY - ST - ZIP		
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>SALADINO, SHARON A</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>274 GEORGE ROAD</b>		CITY - ST - ZIP		
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		



1ST MOORE CR2E003 (10/04)

4. FEI Number **65-0935442** Applied For Not Applicable

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

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. **\$1,194,000.00**  
 10. Amount of Capital Contributions in FLORIDA to date.

**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**

**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		
NAME	<b>MURRAY, BUFORD R</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>274 GEORGE ROAD</b>		CITY - ST - ZIP		
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME	<b>SALADINO, SHARON A</b>		CITY - ST - ZIP		
STREET ADDRESS	<b>274 GEORGE ROAD</b>		CITY - ST - ZIP		
CITY - ST - ZIP	<b>PORT CHARLOTTE FL</b>		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
CITY - ST - ZIP			CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			CITY - ST - ZIP		
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:** *Sharon Murray*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE