2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

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

DOCUMENT # A99000002224

1. Entity Name
M & E FAMILY PARTNERSHIP LTD.

Principal Place of Business	Mailing Address
2145 DENNIS STREET JACKSONVILLE, FL 32204	2145 DENNIS STREET JACKSONVILLE, FL 32204

2. Principal Place of Business	3. Mailing Address
Suite Apt # etc.	Suite Apt. # etc.
City & State	City & State
Zip / Country	Zip / Country

01242005 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3612887 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SANDIFER, MICHAEL A 2145 DENNIS STREET JACKOSNVILLE, FL 32203	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.	10. Amount of Capital Contributions in FLORIDA to date.
$500,000.00	

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P99000107574	STREET ADDRESS	
NAME	M & E ENTEPRISES OF NORTH FLORIDA, INC	CITY-ST-ZIP	
STREET ADDRESS	2145 DENNIS STREET		
CITY-ST-ZIP	JACKSONVILLE, FL		
DOCUMENT #		STREET ADDRESS	U00000255382
NAME		CITY-ST-ZIP	03/08/05 00012-008 526.25
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CITY-ST-ZIP			

STAPLE CHECK HERE

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: _____ 1/28/05 904-798-1009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #