

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

FILED

**Feb 02, 2005 08:00 AM
Secretary of State**

DOCUMENT # B00000000269			
1. Entity Name MCC FLORIDA REALTY FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 5014 N. US 1 FT PIERCE FL 34946		Mailing Address 5014 N. US 1 FT PIERCE FL 34946	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1ST MOORE CR2E003 (10/04)

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CIRRITO, DONALD E 5014 NORTH US 1 FT PIERCE FL 34946		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *Donald E. Cirrito* 1/28/05
Signature, typed or printed name of registered agent and title if applicable DATE

9. Capital Contributions as Shown on record. **\$400,000.00** 10. Amount of Capital Contributions in FLORIDA to date. **400,000.00**

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	
	CIRRITO, MICHAEL J		
STREET ADDRESS	4080 NE JOE'S POINT ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #	NAME	STREET ADDRESS	
	CIRRITO, CAROLINE E		
STREET ADDRESS	4080 NE JOE'S POINT ROAD	CITY-ST-ZIP	
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
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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: *Michael J. Cirrito* 1/28/05 772-334-9931
Signature AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE