


**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2006**

FILED
Jan 31, 2006 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		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. 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	
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	



1st MOORE CR2E003 (10/05)

4. FEI Number **NO-T APPLICABLE** Applied For
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FILE NOW!!! Fee is \$500. * After May 1, 2006, fee will be \$900. *** Make check payable to Florida Department of State.**

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 #		STREET ADDRESS	
NAME	CIRRITO, MICHAEL J	CITY-ST-ZIP	U00000409993 02/09/06-80017-013 500.00
STREET ADDRESS	4080 NE JOE'S POINT ROAD		
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME	CIRRITO, CAROLINE E	CITY-ST-ZIP	
STREET ADDRESS	4080 NE JOE'S POINT ROAD		
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

1/26/06