


2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004

DOCUMENT # B03000000188			
1. Entity Name MCC NEW YORK REALTY FAMILY LIMITED PARTNERSHIP			
Principal Place of Business 4080 JOE'S PT RD STUART FL 34996		Mailing Address 4080 JOE'S PT RD STUART FL 34996	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E003 (11/03)

6. Name and Address of Current Registered Agent CIRRITO, MICHAEL J 4080 JOE'S PT RD STUART FL 34996		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,025,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
STREET ADDRESS	4080 JOE'S PT RD		
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	
NAME	CIRRITO, CAROLINE	CITY-ST-ZIP	
STREET ADDRESS	4080 JOE'S PT RD		
CITY-ST-ZIP	STUART FL 34996		
DOCUMENT #		STREET ADDRESS	800028695868
NAME		CITY-ST-ZIP	02/13/04-01009-012 \$526.25
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
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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 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** **1/28/04** **784-466-7747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #