2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N02000009751

1. Entity Name

MCNAMARA FAMILY FOUNDATION, INC.

Principal Place of Business

781 CRANDON BLVD APT 1601 KEY BISCAYNE, FL 33149 Mailing Address

781 CRANDON BLVD APT 1601 KEY BISCAYNE, FL 33149 FILED May 07, 2004 08:00 AM Secretary of State



04262004 No Chg-NP

CR2E037 (10/03)

4. FEI Number 14-1861856 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 MIAMI, FL 33131

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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

Signature. Nyood or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25 Due by May 1, 2004  Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees 05/07/04-80016-022 66.25

10. OFFICERS AND DIRECTORS TITLE NAME MCNAMARA, JAMES M STREET ADDRESS 781 CRANDON BLVD APT 1601 KEY BISCAYNE, FL 33149 CITY-ST-ZIP 7171 F MAME MCNAMARA, ELIZABETH STREET ADDRESS 781 CRANDON BLVD APT 1601 CITY-ST-71P KEY BISCAYNE, FL 33149 TITLE NAME MCNAMARA, LANA STREET ADDRESS 781 CRANDON BLVD APT 1601 CITY-ST-RP KEY BISCAYNE, FL 33149 TITLE MANE MCNAMARA, CHRISTINE STREET ADDRESS 781 CRANDON BLVD APT 1601 CITY-ST-ZIP KEY BISCAYNE, FL 33149 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE HARE STREET ADDRESS CITY-ST-ZIP

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12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PONATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/04

Davime Prone #