

# 2002 UNIFORM BUSINESS REPORT (UBR)

0013921 AT

DOCUMENT # **A01000000857**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 FEB 12 PM 2:04

1. Entity Name  
**MCMAHON FAMILY LIMITED PARTNERSHIP**

Principal Place of Business <b>625 COURT STREET CLEARWATER FL 33756</b>	Mailing Address <b>625 COURT STREET CLEARWATER FL 33756</b>
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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**DUE BY MAY 1, 2002**

4. FEI Number <i>applied for - see attached application</i>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**NASH, THOMAS C  
625 COURT STREET  
CLEARWATER FL 33756**

**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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$250,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>MCMAHON HOLDINGS, LLC 625 COURT STREET CLEARWATER FL 33756</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>988004948639--3 -02/18/02--01060--023 ***526.25 ***526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: John McMahon 01/14/02 727-531-2964  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

# Application for Employer Identification Number

EIN

Department of the Treasury  
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

OMB No. 1545-0003

<b>1</b> Name of applicant (Legal name) (See instructions.) McMahon Family Limited Partnership	
<b>2</b> Trade name of business, if different from name in line 1	<b>3</b> Executor, trustee, "care of" name
<b>4a</b> Mailing address (street address) (room, apt., or suite no.) c/o Thomas C. Nash, II, Esq., 625 Court Street, Suite 200	<b>5a</b> Business address, if different from address in line 4a and 4b
<b>4b</b> City, state, and ZIP code Clearwater, FL 33756	<b>5b</b> City, state, and ZIP code
<b>6</b> County and state where principal business is located Pinellas County, Florida	
<b>7</b> Name of principal officer, general partner, grantor, owner, or trustor--SSN required (See instructions.) > John F. McMahon, Jr.      042-24-3927	

**8a** Type of entity (Check only one box.) (See instructions.)

<input type="checkbox"/> Sole Proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Plan administrator-SSN	<input type="checkbox"/> Church or church controlled
<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> Personal service corp.	<input type="checkbox"/> Other corporation (specify)	
<input type="checkbox"/> REMIC	<input type="checkbox"/> Farmers' cooperative	<input type="checkbox"/> Trust	
<input type="checkbox"/> State/local government	<input type="checkbox"/> National Guard	<input type="checkbox"/> Federal government/military	
<input type="checkbox"/> Other nonprofit organization (specify) (enter GEN if applicable)			
<input type="checkbox"/> Other (specify) >			

**8b** If a corporation, name the state or foreign country (if applicable) where incorporated >

State Florida	Foreign country
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**9** Reason for applying (Check only one box.)

<input checked="" type="checkbox"/> Started new business (specify) >	<input type="checkbox"/> Banking purpose (specify) >
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Changed type of organization (specify) >
<input type="checkbox"/> Created a pension plan (specify type) >	<input type="checkbox"/> Purchased going business
	<input type="checkbox"/> Created a trust (specify) >
	<input type="checkbox"/> Other (specify) >

**10** Date business started or acquired (Mo., day, year) (See instructions.)  
6/28/01

**11** Enter closing month of accounting year. (See instructions.)  
December

**12** First date wages or annuities were paid or will be paid (Mo., day, year). *Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) . . . . .* > Unknown

**14** Principal activity (See instructions.) > Investments

**15** Is the principal business activity manufacturing? . . . . .  Yes       No  
If "Yes," principal product and raw material used >

**16** To whom are most of the products or services sold? Please check the appropriate box.       Business (wholesale)

<input type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) >	<input checked="" type="checkbox"/> N/A
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**17a** Has the applicant ever applied for an identification number for this or any other business? . . . . .  Yes       No  
*Note: If "yes," please complete lines 17b and 17c.*

**17b** If you check the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application.

Legal name > N/A      Trade name > N/A

**17c** Enter approximate date, city, and state where the application was filed and the previous employer identification number if known.

Approximate date when filed (Mo., day, year) N/A	City and state where filed N/A	Previous EIN N/A
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) >

Business telephone number (include area code)  
727-531-2964  
Fax number: 727-791-7291

Signature > *John F. McMahon*      Date > 01/14/02

*Note: Do not write below this line. For official use only.*

Please leave blank >	Geo.	Ind.	Class	Size	Reason for applying
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