

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004772 AF

DOCUMENT # **A00000000915**

1. Entity Name

**MCGLANNAN REAL ESTATE ASSOCIATES, LTD.**

Principal Place of Business

**7801 ALTAMIRA AVENUE  
CORAL GABLES FL 33143**

Mailing Address

**7801 ALTAMIRA AVENUE  
CORAL GABLES FL 33143**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**ELIAS, GEORGE JR. ESQ  
777 BRICKELL AVENUE, STE 1111  
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **MICHAEL F MCGILANNAN**

Street Address (P.O. Box Number is Not Acceptable)

**7910 SW 154 TERRACE**

City **MIAMI**

FL Zip Code **33157-2320**

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  Signature, typed or printed name of registered agent and title if applicable.

**MICHAEL F MCGILANNAN**

**2/1/2001**

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

**\$172,150.00**

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 **MCGLANNAN, MICHAEL F**  
STREET ADDRESS **7901 SW 154 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33157**

DOCUMENT #  
NAME **MCGLANNAN, FRANCES K**  
STREET ADDRESS **7801 ALTAMIRA AVENUE**  
CITY-ST-ZIP **CORAL GABLES FL 33143**

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CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS  
CITY-ST-ZIP  
**300003673163-3**  
**-02/09/01--01106--016**  
**\*\*\*\*526.25 \*\*\*\*526.25**

STREET ADDRESS  
CITY-ST-ZIP

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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:

 **MICHAEL F MCGILANNAN**

**2/1/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)

FILED

01 FEB -7 PM 12:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE