

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001067

1. Entity Name

KELLY FAMILY LIMITED PARTNERSHIP

Principal Place of Business

4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

Mailing Address

4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FFI Number

65-1035152

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KELLY, JOSEPH H  
4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$20,000,000.00

10. Amount of Capital Contributions in FLORIDA to date.

1,257,766

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  
KELLY, JOSEPH H  
4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
KELLY, MARIANNE T  
4835 GULF OF MEXICO DRIVE  
LONGBOAT KEY FL 34228

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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:

Joseph H. Kelly  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

JULY 31, 2001

Date

941-383-2724

757-258-3730

Daytime Phone #

CR2E003 (5/01)