

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001853

1. Entity Name
MCBRIDE FAMILY LIMITED PARTNERSHIP

Principal Place of Business
6818 Gault Drive
Holmes Beach, FL 34217

Mailing Address
SAME

2. Principal Place of Business
Same

3. Mailing Address
Same

Suite, Apt. #, etc.

City & State

Zip Country

FILED

01 MAR 12 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1056691

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
STEVEN A. SCIARRETTA
2300 GLADES ROAD #302-E
BOCA RATON, FL 33431

7. Name and Address of New Registered Agent
Name: KENNETH McBRIDE
Street Address (P.O. Box Number is Not Acceptable):
6818 GAULT DRIVE
City: HOLMES BEACH, FL Zip Code: 34217

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: *Kenneth McBride*
Signature, typed or printed name of registered agent and title (applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record: 3,000,000.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	McBRIDE MANAGEMENT LLC	STREET ADDRESS	6818 GULF DRIVE
NAME	6818 GAULT DRIVE	CITY-ST-ZIP	Holmes Beach, FL 34217
STREET ADDRESS		STREET ADDRESS	700003854397-4
CITY-ST-ZIP		CITY-ST-ZIP	-03/15/01--01072--008
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Kenneth McBride*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 2/24/2001-778-5507
Daytime Phone #

CR2E003 (11/00)