

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 MAR 11 PM 1:06

DOCUMENT # A00000002086

1. Entity Name
MCHALE FAMILY LIMITED PARTNERSHIP



Principal Place of Business
 550 BEACH ROAD, UNIT 323
 VERO BEACH, FL 32963

Mailing Address
 550 BEACH ROAD, UNIT 323
 VERO BEACH, FL 32963

2. Principal Place of Business - No P.O. Box #

1623 US HWY 1

Suite, Apt. #, etc.

SUITE B-4

City & State

SEBASTIAN, FL

Zip

32958

Country

3. Mailing Address

1623 US HWY 1

Suite, Apt. #, etc.

SUITE B-4

City & State

SEBASTIAN, FL

Zip

32958

Country



02182008

Chg-LP

CR2E003 (12/06)

4. FEI Number

65-1007693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DONINI, ANTHONY M
1623 US HWY 1
SUITE B-4
SEBASTIAN, FL 32958

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

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 **MCHALE, JOHN L**
 STREET ADDRESS **550 BEACH ROAD, UNIT 323**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

DOCUMENT #
 NAME **MCHALE, GENEVIEVE G**
 STREET ADDRESS **550 BEACH ROAD, UNIT 323**
 CITY-ST-ZIP **VERO BEACH, FL 32963**

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 CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

1623 US HWY 1, SUITE B-4

CITY-ST-ZIP

SEBASTIAN, FL 32958

STREET ADDRESS

1623 US HWY 1, SUITE B-4

CITY-ST-ZIP

SEBASTIAN, FL 32958

STREET ADDRESS

CITY-ST-ZIP

200119243942
03/03/08--01004--008 **500.00

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 exemptions contained in Chapter 119, 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 L McHale John L McHale 2-23-08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE