2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Jan 28, 2008 08:00 AN Secretary of State Due By May 1, 2008 **DOCUMENT # A01000000512** MCKEAN CIRCLE PARTNERSHIP, LTD. Principal Place of Business Mailing Address **288 NINTH STREET** P.O. BOX 770249 WINTER GARDEN, FL 34777-0249 WINTER GARDEN, FL 34787 01112008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3712701 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MCKEAN CIRCLE COMPANY 288 NINTH STREET WINTER GARDEN, FL 34787 IN THIS SPACE 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, 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. GENERAL PARTNER INFORMATION 12. DOCUMENT # P01000037589 NAME MCKEAN CIRCLE COMPANY STREET ADDRESS **288 NINTH STREET** CITY-ST-ZIP WINTER GARDEN, FL 34787 DOCUMENT # U00000800804 01/31/08-80031-016 500.00 NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME **DO NOT WRITE** STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME

14. I hereby certify that the information supplied with this fling 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:

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

D OR PRINTED NAME OF SIGNING GENERAL PARTNER