

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000783 AT

4/4/18

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR 14 AM 8:30



**DOCUMENT # A01000001308**

1. Entity Name  
**MCDONALD REAL ESTATE, LLLP**

Principal Place of Business <b>24301 MILFORD DRIVE EUSTIS FL 32736</b>	Mailing Address <b>24301 MILFORD DRIVE EUSTIS FL 32736</b>
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2. Principal Place of Business <b>201 Tranquility Cove</b>	3. Mailing Address <b>201 Tranquility Cove</b>
Suite, Apt. #, etc. <b># 220</b>	Suite, Apt. #, etc. <b># 220</b>

City & State <b>Altamonte Springs FL</b>	City & State <b>Altamonte Springs FL</b>	4. FEI Number <b>59-3744870</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32701</b>	Country <b>USA</b>	Zip <b>32701</b>	Country <b>USA</b>

**DUE BY MAY 1, 2003**

6. Name and Address of Current Registered Agent

**MCDONALD, PETER  
24301, MILFORD DRIVE  
EUSTIS FL 32736**

7. Name and Address of New Registered Agent

Name **McDonald, Peter**  
Street Address (P.O. Box Number is Not Acceptable)  
**201 Tranquility Cove #220**  
City **Altamonte Springs FL** Zip Code **32701**

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 **Peter McDonald** DATE **4/3/2003**

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

9. Capital Contributions as Shown on record. **\$5,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **789,576.00**

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>V59852</b>
NAME	<b>MCPETE, INC.</b>
STREET ADDRESS	<b>24301 MILFORD DRIVE</b>
CITY-ST-ZIP	<b>EUSTIS FL 32736</b>
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	<b>201 Tranquility Cove #220</b>
CITY-ST-ZIP	<b>Altamonte Springs FL 32701</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>800015867368</b>
CITY-ST-ZIP	<b>04/14/03 01068 002 #526.25</b>
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: **Peter McDonald** DATE **4/3/2003** DAYTIME PHONE # **407-260-1111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)