

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # A01000001354

1. Entity Name
MCDONALD FAMILY PARTNERSHIP, LLLP



Principal Place of Business
39144 HARBOR HILLS BLVD.
LADY LAKE, FL 32159

Mailing Address
39144 HARBOR HILLS BLVD.
LADY LAKE, FL 32159

2. Principal Place of Business
6020 TOPSAIL RD

3. Mailing Address
6020 TOPSAIL RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LADY LAKE FL

City & State
LADY LAKE FL

Zip
32159 Country
U.S.A.

Zip
32159 Country
U.S.A.

04292006 Chg-LP CR2E003 (11/05)

4. FEI Number
59-3744833

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

MCDONALD, PETER
39144 HARBOR HILLS BLVD.
LADY LAKE, FL 32159

7. Name and Address of New Registered Agent

Name **SAME AS BEFORE**

Street Address (P.O. Box Number is Not Acceptable)

6020 TOPSAIL RD

City **SAME AS BEFORE 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

Peter McDonald

4/28/06

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, 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 # **V59852**
 NAME **MCPETE, INC.**
 STREET ADDRESS **39144 HARBOR HILLS BLVD.**
 CITY-ST-ZIP **LADY LAKE, FL 32159**

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

300074661513
05/16/06--01023--002 **500.00

9. 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 the report as required by Chapter 620, Florida Statutes

SIGNATURE:

4/28/06

352-753-7539

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE