

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

DOCUMENT # A01000001623

1. Entity Name

ANN L. KELLY FAMILY LIMITED PARTNERSHIP

02 APR 12 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14910 American Eagle Ct.

3. Mailing Address

14910 American Eagle Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

City & State
Ft. Myers, FL

City & State
Ft. Myers, FL

4. FEI Number

60-0000301

Applied For

Not Applicable

Zip
33912

Country
USA

Zip
33912

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
James R. Nici, c/o Cox & Nici

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

3001 Tamiami Trail N., Suite 100

City
Naples

FL

34103

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

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

DATE

9. Capital Contributions

as Shown on record. \$3,200,000

10. Amount of Capital Contributions

in FLORIDA to date. \$783,000

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
Ann L. Kelly Enterprises Inc.
14910 American Eagle Ct.
Ft. Myers, FL 33912

STREET ADDRESS

CITY-ST-ZIP

100005289271--7

04/17/02 01036-000

****526.25 ****526.25

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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:

Carol Ann Arnold

4/1/02

239-768-9244

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003B (12/01)