

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000001623

1. Entity Name
ANN L. KELLY FAMILY LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR -9 AM 8:51

W4/14

Principal Place of Business
14910 AMERICAN EAGLE CT.
FT. MYERS FL 33912

Mailing Address
14910 AMERICAN EAGLE CT.
FT. MYERS FL 33912



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

4. FEI Number 60-0000301

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NICI, JAMES R
3001 TAMiami TRAIL NORTH
SUITE 100
NAPLES FL 34103

Name

Street Address

City

James R. Nici, c/o Cox & Nici
1185 Immokalee Road, Suite 110
Naples, FL 34110

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 *James R. Nici*
Signature, typed or printed name of registered agent and title if applicable.

2/24/03
DATE

9. Capital Contributions
as Shown on record. \$3,200,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000118272
NAME ANN L. KELLY ENTERPRISES INC.
STREET ADDRESS 14910 AMERICAN EAGLE CT.
CITY-ST-ZIP FT. MYERS FL 33912

STREET ADDRESS

CITY-ST-ZIP

900015544859

04/09/03--01014--022 **437.50

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900015544859

04/09/03--01014--023 **88.75

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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 199.07(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 Kelly
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)