

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

W4/14

03 APR - 9 AM 8:51

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number 60-0000301

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

Name

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

Street Ad

City

p Code

7. Name and Address of New Registered Agent

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

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

2/24/03

DATE

9. Capital Contributors
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

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

13. ADDRESS CHANGES ONLY

STREET ADDRESS
CITY-ST-ZIP
04/09/03-01014-022 ***437.50
900015544859

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
04/09/03-01014-023 ***88.75
300015544859

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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.

Carolyn Kelly
Signature Required

2/16/03

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #