

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

2004 MAY -4 AM 8: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A03000001318

1. Entity Name
MCABE FAMILY LIMITED PARTNERSHIP, LP



Principal Place of Business
**699 5TH AVE. SOUTH
NAPLES, FL 34102**

Mailing Address
**699 5TH AVE. SOUTH
NAPLES, FL 34102**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222004

Chg-LP

CR2E003 (10/03)

4. FEI Number

20-021-5558

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

**MCCABE, PHILLIP J
699 5TH AVE. SOUTH
NAPLES, FL 34102**

Name

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

City

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

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

DATE

9. Capital Contributions
as Shown on record **#343,000.00**

10. Amount of Capital Contributions
in FLORIDA to date. **Q**

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 # **P03000099229**
NAME **MCCABE'S, INC.**
STREET ADDRESS **699 5TH AVE. SOUTH**
CITY-ST-ZIP **NAPLES, FL 34102**

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13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

200035807742

05/10/04--01051--009 **141.25

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4.1.04

Date

Daytime Phone #

STAPLE CHECK HERE