

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**Mar 27, 2006 08:00 AM**  
**Secretary of State**

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



01312006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
20-0215558

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1. Name and Address of Current Registered Agent

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

**DO NOT WRITE  
IN THIS SPACE**

6. 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

Sign use, typed or printed name of registered agent and file 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 # PO 000099229  
NAME MCCABE'S, INC.  
STREET ADDRESS 699 5TH AVE. SOUTH  
CITY-ST-ZIP NAPLES, FL 34102

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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U00000482760  
04/11/06-80088-025 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. 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 this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE

Daytime Phone #

3.22.06 231430-2325

STAPLE CHECK HERE