## 2008 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2008**

DOCUMENT # A03000001318

MCCABE FAMILY LIMITED PARTNERSHIP, LP



**FILED** Mar 17, 2008 08:00 A Secretary of State

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

Mailing Address

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699 5TH AVE. SOUTH NAPLES, FL 34102



01152008 No Chg-LP

CR2E003 (12/06)

4. FEI Number 20-0215558

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	1	
	above named entity submits this statement for the purpose of changing its registered official bligations of registered agent.	e or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNAT	URE Signature, typed or printed name of registered agent and title if applicable	DATE
	FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST NOTE: General Partners MAY NOT be changed on the form; an a	BE REGISTERED AND ACTIVE WITH THIS OFFICE. Imendment must be filed to change a general partner.
	OFFICIAL DADTHED INCODUATION	

P07000061519 DOCUMENT # NAME **GULF SHORE INVESTMENT PROPERTIES INC** STREET ADDRESS 699 5TH AVE. SOUTH CITY-ST-ZIP NAPLES, FL 34102 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT / NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

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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:

NAME STREET ADDRESS CITY - ST - ZIP DOCUMENT #

STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS

SIGNATURE AND TYPED OF