

2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
May 05, 2005 08:00 AM
Secretary of State

DOCUMENT # A03000001807 1. Entity Name MCGINNIS PARK, LTD.					
Principal Place of Business 200 S. BISCAYNE BLVD., SUITE 4900 C/O WHITE & CASE LLP MIAMI, FL 33131			Mailing Address 225 NE MIZNER BLVD., SUITE 200 BOCA RATON, FL 33432		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-0526954	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GRAGG, K. LAWRENCE 200 S. BISCAYNE BLVD., SUITE 4900 C/O WHITE & CASE LLP MIAMI, FL 33131				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$18,700,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	L03000055598		STREET ADDRESS		
NAME	KOGER MCGINNIS PARK, LLC		CITY-ST-ZIP		
STREET ADDRESS	225 NE MIZNER BLVD., SUITE 200				
CITY-ST-ZIP	BOCA RATON, FL 33432				
DOCUMENT #			STREET ADDRESS		
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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					
SIGNATURE:			Terence D. McNally 4/21/05 561-395-9446		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Daytime Phone #		



04132005 Chg-LP CR2E003 (10/03)

4. FEI Number 20-0526954

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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STAPLE CHECK HERE