

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 15 AM 10:14

DOCUMENT # A04000000536

1. Entity Name
THE MACKAY LIMITED PARTNERSHIP



Principal Place of Business
170 W. DEARBORN STREET
ENGLEWOOD, FL 34223

Mailing Address
170 W. DEARBORN STREET
ENGLEWOOD, FL 34223

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01152005 Chg-LP CR2E003 (10/03)

4. FEI Number
20-0969761

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

ARMENTROUT, TERRY L
1001 N. WASHINGTON BLVD.
SUITE 103
SARASOTA, FL 34236

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. \$0.00

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 #
NAME MACKAY, GEORGE D
STREET ADDRESS 22 BIRCHWOOD CRESC
CITY-ST-ZIP EAST ST. PAUL, MB - CANADA, MB R2EOH6

STREET ADDRESS
300048863103
CITY-ST-ZIP 03/22/05--01041--025 **150.00

DOCUMENT #
NAME BUTLER, SHARON KAY
STREET ADDRESS 1018 CREATWOOD CIRCLE SE
CITY-ST-ZIP SMYRNA, GA 30080

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Sharon Kay Butler
Sharon K Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-14-05

Date

770-384-3285

Daytime Phone #

STAPLE CHECK HERE