


FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A05000000969

1. Entity Name
MACKEY REALTY LIMITED

The seal of the State of New York is located in the top right corner. It features an eagle with a shield on its chest, holding an olive branch and arrows. The words "SEAL OF THE STATE OF NEW YORK" are inscribed around the border, and "1787" is at the bottom.

Principal Place of Business	Mailing Address
631 U.S. HIGHWAY 1, SUITE 406 NORTH PALM BEACH, FL 33408-4621	631 U.S. HIGHWAY 1, SUITE 406 NORTH PALM BEACH, FL 33408-4621

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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6. Name and Address of Current Registered Agent		Name
MACKEY, WALTER J JR C/O MKV REAL ESTATE CORP. 631 U.S. HIGHWAY 1, SUITE 406 NORTH PALM BEACH, FL 33408-4621		Street Address
		City



01182007 Chg-LP CR2E003 (12/06)

4. FEI Number	Applied For
59-3805076	Not Applicable

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

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 _____

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P05000067571	STREET ADDRESS	000103607170
NAME	MKV REAL ESTATE CORP		05/31/07--01025--020 **500.00
STREET ADDRESS	631 U.S. HIGHWAY 1, SUITE 406	CITY - ST - ZIP	
CITY - ST - ZIP	NORTH PALM BEACH, FL 334084621		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY - ST - ZIP	
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STAPLE CHECK HERE

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 #