

# **2010 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# A06000000137

**FILED**  
**Jan 18, 2010**  
**Secretary of State**

**Entity Name:** A.D. MACKINNON FAMILY LIMITED PARTNERSHIP, LLLP

**Current Principal Place of Business:**

2230 NORTH U.S. HIGHWAY 301  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

2230 NORTH U.S. HIGHWAY 301  
TAMPA, FL 33619

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MACKINNON, A D  
2230 NORTH U.S. HIGHWAY 301  
TAMPA, FL 33619 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: MACKINNON, A D

Address: 2230 NORTH U.S. HIGHWAY 301

City-St-Zip: TAMPA, FL 33619

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: A. D. MACKINNON

\_\_\_\_\_  
Electronic Signature of Signing General Partner

01/18/2010

\_\_\_\_\_  
Date