

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION
AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 14 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A16003

MCKID, LTD.

97-AR
CM

Mailing Address

ROSSZ FIU
701 BRICKELL AVE. STE. 1200
MIAMI FL 33131

Principal Office Address

2175 STATE ROAD 84
FT. LAUDERDALE FL 33312

3. Date Formed or Registered

12/15/1983

5a. Capital Contributions as
Shown on record.

\$5,000.00

3a. Date of Last Report

01/17/1996

5b. Amount of Capital
Contributions in FLORIDA
to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

59-2392792

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

ROSSZ FIU CORPORATION
701 BRICKELL AVENUE, SUITE 1200
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name

Judith Kenney, Attorney

Street Address (P.O. Box Number is Not Acceptable)

701 Brickell Avenue

Suite, Apt. #, etc.

Suite 1200

City

Miami

FL

Zip Code

33131

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Judith Kenney

DATE

Mar. 14, 1997

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

MCCOMAS, WILLIAM P

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

2175 STATE ROAD 84

11b. City, State & Zip Code

FT. LAUDERDALE FL 333

11c. Registration/
Document Number

400002150474--7
-04/22/97--01045--006
****156.25 ****156.25

•Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

W. McComas

DATE

4-4-97

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (11/96)