

2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2008

DOCUMENT # A27691

1. Entity Name

MACKENZIE LIMITED PARTNERSHIP, NO. 1, LTD.



FILED

08 APR 21 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

120 E. 61ST STREET
NEW YORK NY 10021

Mailing Address

120 E. 61ST STREET
NEW YORK NY 10021

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0100987

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

ROBINSON, DUNCAN E
C/O WACHOVIA TRUST, 350 E. LAS OLAS BLVD
SUITE 1800
FT. LAUDERDALE FL 33301

Name

STUART A. ROPER ESQ

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

2101 NW Boca Raton Blvd.

Suite 1

City

Boca Raton

FL

Zip Code

33431

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

On file w/ Secretary of State

4/7/08

Signature, typed or printed name of registered agent and date if applicable.

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2008, fee will be \$900. *** Make check payable to Florida Department of State.**

**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 #	ROBINSON, DUNCAN
NAME	120 E 61ST STREET
STREET ADDRESS	NEW YORK, NY 10021
CITY-ST-ZIP	
DOCUMENT #	ROBINSON, DAVID
NAME	69 CHARMING ROAD
STREET ADDRESS	BELMONT, MA 02428
CITY-ST-ZIP	
DOCUMENT #	ROBINSON, DEBORAH
NAME	80 BINSALATH ROAD
STREET ADDRESS	TOONTO ONTARIO CANADA,
CITY-ST-ZIP	
DOCUMENT #	ROBINSON, DANIELLE
NAME	2007 N SEMINARY AVE #B
STREET ADDRESS	CHICAGO, IL 60614
CITY-ST-ZIP	

STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200124789032
CITY-ST-ZIP	04/21/08--01004--020 **500.00
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

DOCUMENT # *amendment filed*
NAME *3/27/08*
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

4/7/08

DATE

646-578-3584

Daytime Phone #

STAPLE CHECK HERE