

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



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

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000325

W. GUY MCKENZIE FAMILY PARTNERSHIP, LTD.

Mailing Address
**P.O. BOX 1200
TALLAHASSEE FL 32302**

Principal Office Address
**122 APPELYARD DRIVE
TALLAHASSEE FL 32304**

3. Date Formed or Registered
03/08/1995

5a. Capital Contributions as
Shown on record.
\$3,000,000.00

3a. Date of Last Report
09/28/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:
3,000,000.00

4. State or Country of Formation
FL

2. Mailing Address
Post Office Box 938

2a. Principal Office Address
4412 W. Pensacola Street

Suite, Apt #, etc.

Suite, Apt #, etc.

6. FEI Number
59-3294733

☐ Applied For
☐ Not Applicable

City & State
Tallahassee, FL

City & State
Tallahassee, FL

7. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

Zip Country
32302 USA

Zip Country
32304 USA

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

9. Name and Address of Current Registered Agent

**MCKENZIE, W. GUY SR.
122 APPELYARD DRIVE
TALLAHASSEE FL 32304**

10. If changed, new Registered Agent/Office

Name
Thomas F. Panebianco
Street Address (P.O. Box Number is Not Acceptable)
4412 W. Pensacola Street
Suite, Apt #, etc.
City
Tallahassee FL 32304

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)

DATE **11/15/96**

**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)

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

11b. City, State & Zip Code

11c. Registration/
Document Number

MCKENZIE, W. GUY SR.

4124 COVENANT LANE

TALLAHASSEE FL 32308

PANEBIANCO, THOMAS F

7007 ALHAMBRA DRIVE

TALLAHASSEE FL 32311

000002021630-5
12/05/96--01013--004
*****576.25 ***576.25**

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

Thomas F. Panebianco

DATE

11/15/96

Typed or Printed Name of General Partner Signing Form

Thomas F. Panebianco

Daytime Telephone Number

(904) 575-1293

CR2E003 (6/96)