2002 UNIFORM BUSINESS REPORT (UBR)

000027896 AT

DOCUMENT # A95000001336

1. Entity Name

MCKINNEY FAMILY, LTD.

FILED

02 AUG 19 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
5457 HANSEL AVE L-71 ORLANDO FL 32809	P.O. BOX 592337 ORLANDO FL 32859

2. Principal Place of Business	3. Mailing Address
5457 Hansel Ave	
Suite, Apt. #, etc.: L-11	Suite, Apt. #, etc.
City & State: Orlando, Fla	City & State
Zip: 32809 Country: USA ORANGE	Zip Country

DUE BY SEPTEMBER 25, 2002

4. FEI Number 59-3336909 ☐ 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
MCKINNEY, JOHN F 5457 HANSEL AVE L-71 ORLANDO FL 32809	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$833,476.00		

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 #		STREET ADDRESS	
NAME	MCKINNEY, JOHN F	CITY-ST-ZIP	
STREET ADDRESS	5457 HANSEL AVE L-71		
CITY-ST-ZIP	ORLANDO FL 32809		
DOCUMENT #		STREET ADDRESS	600007659786--7
NAME	MCKINNEY, LAURA C	CITY-ST-ZIP	-09/11/02--01026--008
STREET ADDRESS	5457 HANSEL AVE L-71		****926.25 ****926.25
CITY-ST-ZIP	ORLANDO FL 32809		
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CITY-ST-ZIP			

CR2E003 (4/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Laura B McKinney 7-29-02 407-709-5137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #