

04 FEB 24 AM 9:24

DOCUMENT # A95000001336

1. Entity Name

MCKINNEY FAMILY, LTD.

Principal Place of Business

6065 SCRUBJAY TERRACE

KISSIMMEE FL 34759

Mailing Address

P.O. BOX 592337

ORLANDO FL 32859

2. Principal Place of Business

6065 SCRUBJAY TRAIL

Suite, Apt. #, etc.

Kissimmee, FL

City & State

34759

Zip

Country

USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3336909

Applied For

Not Applicable

5. Certificate of Status Desired

CR2E003 (11/03)

Moore

8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCKINNEY, JOHN F

5457 HANSEL AVE

L-71

ORLANDO FL 32809

7. Name and Address of New Registered Agent

John F. McKinney

6065 SCRUB JAY TRAIL

Kissimmee

FL

34759

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

John F. McKinney

DATE

9. Capital Contributions as Shown on record.

\$833,476.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

12. GENERAL PARTNER INFORMATION

DOCUMENT #

NAME

MCKINNEY, JOHN F

STREET ADDRESS

6065 SCRUBJAY TERRACE

CITY-ST-ZIP

KISSIMMEE FL 34759

DOCUMENT #

NAME

MCKINNEY, LAURA C

STREET ADDRESS

6065 SCRUBJAY TERRACE

CITY-ST-ZIP

KISSIMMEE FL 34759

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DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

6065 SCRUB JAY TRAIL

CITY-ST-ZIP

Kissimmee, FL 34759

STREET ADDRESS

6065 SCRUB JAY TRAIL

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STREET ADDRESS

CITY-ST-ZIP

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

John F. McKinney

2-20-04

407-709-5137