


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008611 AT

DOCUMENT # A95000001336

1. Entity Name
MCKINNEY FAMILY, LTD.



FILED
2003 JAN -9 PH 4:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



Principal Place of Business
5457 HANSEL AVE
L-11
ORLANDO FL 32809

Mailing Address
P.O. BOX 592337
ORLANDO FL 32859

2. Principal Place of Business
6065 SCRUBJAY TR.

3. Mailing Address
P.O. Box 592337

City & State
KISSIMMEE, Fla.

City & State
ORLANDO, Fla.

Zip
34759

Zip
32859

DUE BY MAY 1, 2003

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

MCKINNEY, JOHN F
5457 HANSEL AVE
L-71
ORLANDO FL 32809

7. Name and Address of New Registered Agent

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. **\$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

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	
DOCUMENT #	
NAME	MCKINNEY, JOHN F
STREET ADDRESS	5457 HANSEL AVE L-71
CITY-ST-ZIP	ORLANDO FL 32809
DOCUMENT #	
NAME	MCKINNEY, LAURA C
STREET ADDRESS	5457 HANSEL AVE L-71
CITY-ST-ZIP	ORLANDO FL 32809
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<i>6065 SCRUBJAY TR</i>
CITY-ST-ZIP	<i>KISSIMMEE, Fla 34759</i>
STREET ADDRESS	<i>6065 SCRUBJAY TR.</i>
CITY-ST-ZIP	<i>KISSIMMEE, FL 34759</i>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	000009922060
CITY-ST-ZIP	01/07/03--01065--002 *\$26.25
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: *Laura C McKinney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

407-
1-3-03 *709-5137*
Date Daytime Phone #

CR2E003 (10/02)