

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008611 AT

DOCUMENT # A95000001336

1. Entity Name
MCKINNEY FAMILY, LTD.



FILED

2003 JAN -9 PM 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.
Suite, Apt. #, etc.

3. Mailing Address
P.O. BOX 592337
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Kissimmee, Fla.
Zip
34759
Country

City & State
Orlando, Fla.
Zip
32859
Country

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

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

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

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

STREET ADDRESS
CITY-ST-ZIP
6065 SCRUBJAY TR
Kissimmee, Fla 34759

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

STREET ADDRESS
CITY-ST-ZIP
6065 SCRUBJAY TR.
Kissimmee, Fla 34759

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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:

Signature of John F. McKinney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

1-3-03 407-709-5137

CR2E003 (10/02)