

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Jan 12, 2006 08:00 AM
Secretary of State

DOCUMENT # A95000002029

1. Entity Name

MCKINNON FAMILY PARTNERSHIP, LTD.



Principal Place of Business

14479 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

Mailing Address

14479 BRUCE B DOWNS BLVD.
TAMPA, FL 33613



01092006 No Chg-LP

CR2E003 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3363427

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

COLLADO, DONALD
14479 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

1000000384518
01/17/06-80017-005 500.00

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

DOCUMENT #

NAME

MCKINNON, DAVID SR.

STREET ADDRESS

1811 CRAWLER RD WNS BLVD.

CITY-ST-ZIP

ODESSA, FL 33556

DOCUMENT #

NAME

MCKINNON, KEN

STREET ADDRESS

1811 CRAWLER RD WNS BLVD.

CITY-ST-ZIP

ODESSA, FL 33556

DOCUMENT #

NAME

MCKINNON, KAREN

STREET ADDRESS

623 BOSPHORUS AVE.

CITY-ST-ZIP

TAMPA, FL 33606

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #