

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001562

1. Entity Name
MCCANN INVESTMENT PROPERTIES, LTD.



FILED

03 MAY -5 PM 7:04

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MAJ

Principal Place of Business
3225 S. MACDILL AVENUE
SUITE 111
TAMPA FL 33629-8171

Mailing Address
3225 S. MACDILL AVENUE
SUITE 111
TAMPA FL 33629-8171



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 59-3395046

Applied For
Not Applicable

Zip

Country

Zip

Country

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

BRYN, MARK J
TWO SOUTH BISCAYNE BLVD., SUITE 2680
MIAMI FL 33131

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. \$7,500,000.00

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 # P96000068298
NAME JOY MCCANN GENERAL PARTNER, INC.
STREET ADDRESS 3225 S. MACDILL AVENUE, PMB #253, STE. 129
CITY-ST-ZIP TAMPA FL 33629-8171

STREET ADDRESS

CITY-ST-ZIP

500010004785
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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 629, Florida Statutes

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Tom
PURCELL

4/22/03

813-805-0093

Date

Daytime Phone #

CR2E003 (10/02)

0013698 AT