

FILE ON OR BEFORE APRIL 17, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP

~~ANNUAL REPORT~~

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAY 10 AM 11:55

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000001389

MCMULLEN FAMILY LIMITED PARTNERSHIP

Mailing Address

7208 SAND LAKE ROAD, SUITE 302  
ORLANDO FL 32819

Principal Office Address

7208 SAND LAKE ROAD, SUITE 302  
ORLANDO FL 32819

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

06/24/1997

3a. Date of Last Report

02/20/1998

4. State or Country of Formation

FL

5a. Capital Contributions as  
Shown on record

\$400.00

5b. Amount of Capital  
Contributions in FLORIDA  
to date

6. FEI Number

59-3538631  
APPLIED FOR

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

MCMULLEN, MALCOLM W  
7208 SAND LAKE ROAD, SUITE 302  
ORLANDO FL 32819

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, in both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

5/7/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

MCMULLEN, EDWIN H SR.

7208 SAND LAKE ROAD,

ORLANDO FL 32819

MCMULLEN, MALCOLM W

7208 SAND LAKE ROAD,

ORLANDO FL 32819 200002883372--9  
05/24/99--01009--009

MCMULLEN, EDWIN H JR.

7208 SAND LAKE ROAD,

ORLANDO FL 32819 \*\*\*\*641.25 \*\*\*\*641.25

REINSTATEMENT

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

5/7/99

Typed or Printed Name of General Partner Signing Form

Malcolm W McMillen

Dayline Telephone Number

407 363-3838 X13

CR2E003 (12/98)