

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0012664 AT

DOCUMENT # A97000001965

1. Entity Name
MCGUIGAN FAMILY LIMITED PARTNERSHIP



FILED

03 APR -8 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
91 LIGHTHOUSE ROAD
JUPITER FL 33469

Mailing Address
91 LIGHTHOUSE ROAD
JUPITER FL 33469

2. Principal Place of Business

19900 Beach Rd

3. Mailing Address

19900 Beach Rd

Suite, Apt. #, etc.

unit 501

Suite, Apt. #, etc.

unit 501

City & State

Jupiter Island FL

City & State

Jupiter Island FL

Zip

33469

Country

USA

Zip

33469

Country

USA

DUE BY MAY 1, 2003

4. FEI Number NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCGUIGAN, JAMES
91 LIGHTHOUSE ROAD
JUPITER FL 33469

7. Name and Address of New Registered Agent

Name James McGuigan

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

19900 Beach Rd Unit 501

City Jupiter Island FL Zip Code 33469

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 *James O. McGuigan*

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

DATE

9. Capital Contributions

\$100.00

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 MCGUIGAN, JAMES
STREET ADDRESS 91 LIGHTHOUSE
CITY-ST-ZIP JUPITER FL 33469

13. ADDRESS CHANGES ONLY

STREET ADDRESS 19900 Beach Rd unit 501
CITY-ST-ZIP Jupiter Island FL 33469

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)