

**LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

APPROVED
AND
FILED

02 APR 19 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000002921

1. Entity Name

MCKEE FAMILY LIMITED PARTNERSHIP

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2399 GULF OF MEXICO DRIVE

3. Mailing Address

2399 GULF OF MEXICO DRIVE

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

#3A3

Suite, Apt. #, etc.

#3A3

City & State

LONGBOAT KEY, FLORIDA

City & State

LONGBOAT KEY, FLORIDA

4. FEI Number

65-0812297

Applied For

Not Applicable

Zip

34228

Country

U.S.

Zip

34228

Country

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DARNELL, ROBERT W

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

2033 MAIN STREET, SUITE 406

City

SARASOTA

FL

Zip Code
34237

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.

SIGNATURE

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

DATE

9. Capital Contributions
as Shown on record.

55,541,128.00

10. Amount of Capital Contributions
in FLORIDA to date.

55,541,128.00

11. MAKE CHECK PAYABLE TO 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 #

P97000108796

NAME

M.B. MCKEE COMPANY

STREET ADDRESS

2399 GULF OF MEXICO DRIVE #3A3

CITY - ST - ZIP

LONGBOAT KEY, FL 34228

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

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DOCUMENT #

NAME

STREET ADDRESS

CITY - ST - ZIP

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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 #

4/13/02

STAPLE CHECK HERE

CR2E003B (12/01)