


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED

06 MAY -1 PM 1:46

**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

DOCUMENT # A97000002921	
1. Entity Name MCKEE FAMILY LIMITED PARTNERSHIP	

Principal Place of Business 2399 GULF OF MEXICO DRIVE, #3A3 LONGBOAT KEY, FL 34228	Mailing Address 2399 GULF OF MEXICO DRIVE, #3A3 LONGBOAT KEY, FL 34228
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2. Principal Place of Business 845 Longboat Club Road Suite, Apt. #, etc.	3. Mailing Address 845 Longboat Club Road Suite, Apt. #, etc.
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City & State Longboat Key, FL Zip 34228	Country USA	City & State Longboat Key, FL Zip 34228	Country USA
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03152006 Chg-LP CR2E003 (11/05)

4. FEI Number 65-0812297	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DARNELL, ROBERT W 2033 MAIN STREET, SUITE 406 SARASOTA, FL 34237	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

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		13. ADDRESS CHANGES ONLY	
DOCUMENT # P97000108796	NAME M.B. MCKEE COMPANY	STREET ADDRESS 845 Longboat Club Road	
STREET ADDRESS 2399 GULF OF MEXICO DRIVE, #3A3		CITY-ST-ZIP Longboat Key, FL 34228	
CITY-ST-ZIP LONGBOAT KEY, FL 34228			
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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]* **4/22/06 941-383-3917**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE