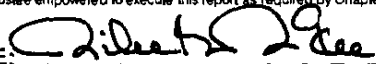


FILED
03 MAY -2 PM 7:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. 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	
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 date if applicable			
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 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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000108796 M.B. MCKEE COMPANY 2399 GULF OF MEXICO DRIVE, #3A3 LONGBOAT KEY, FL 34228	STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	500017918185 05/02/03--01122--016 ***\$26.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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: 		4/29/03 941-383-3977	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

032E003 (10/02)