

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 17, 2008 08:00 AM
Secretary of State

DOCUMENT # A98000000036

1. Entity Name
MCNEEL CAPITAL LLLP



Principal Place of Business
**LINCOLN CENTER, STE. 751
5401 W. KENNEDY BLVD.
TAMPA, FL 33609**

Mailing Address
**P.O. BOX 23887
TAMPA, FL 33623**



03172008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3483538

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HINES, JAMES P ESQUIRE
HINES & ASSOCIATES, P.A.
315 SOUTH HYDE PARK AVENUE
TAMPA, FL 33606**

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**MCNEEL, CLAYTON W
5401 W. KENNEDY BLVD., SUITE 751
TAMPA, FL 336092447**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**MCNEEL, IAN E
5401 W KENNEDY BLVD., SUITE 751
TAMPA, FL 336092447**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP
**WOOD, RENE M
5401 W. KENNEDY BLVD., SUITE 751
TAMPA, FL 336092447**

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000904325
05/01/08-80033-018 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

Rene M. Wood April 1, 2008 813/286-8680

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE