

**2002 - LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 APR 29 AM 9:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # A98000001933
1. Entity Name
McKENZIE PROPERTIES, LIMITED

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6500 Caroline Street Suite, Apt. #, etc.		3. Mailing Address 6500 Caroline Street Suite, Apt. #, etc.	
City & State Milton, Florida		City & State Milton, Florida	
Zip 32570	Country USA	Zip 32570	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		DUE BY MAY 1	
		4. FEI Number 59-3533376	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name John D. McKenzie	
		Street Address (P.O. Box Number is Not Acceptable) 6500 Caroline Street	
		City Milton FL Zip Code 32570	

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. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,500,000.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	
	McKenzie, John D.	6500 Caroline Street	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
	McKenzie, Mary T.	6500 Caroline Street	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
		CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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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:

John D. McKenzie (John D. McKenzie)

April 27, 2002 (850) 623-3481

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE

CR2E003B (12/01)