

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A990000000064**

1. Entity Name  
**MCCARTHY FAMILY LIMITED PARTNERSHIP**



Principal Place of Business  
**4883 OTIS TRAIL  
FERNANDINA BEACH, FL 32034**

Mailing Address  
**4883 OTIS TRAIL  
FERNANDINA BEACH, FL 32034**



07042006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**59-3554056**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**MCCARTHY, BRIAN K  
4883 OTIS TRAIL  
FERNANDINA BEACH, FL 32304**

**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 \$900.00**  
**On or after September 6, 2006, Fee will be \$1000.00**

**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 # **P99000003298**  
NAME **MFLP, INC.**  
STREET ADDRESS **4883 OTIS TRAIL**  
CITY-ST-ZIP **FERNANDINA BEACH, FL 32034**

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

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1100000568581  
07/07/06-80015-007 900.00

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*Brian K. McCarthy*  
**Brian K. McCarthy**

**7/4/06**

Date

**904-277-1557**

Daytime Phone #

STAPLE CHECK HERE