

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2009 OCT 15 PM 1:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A99000000064

1. Name of Limited Partnership

McCarthy Family Limited Partnership

2. Principal Office Address - No P.O. Box #

212 N. 14th Street

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fernandina Beach, Florida

City & State

Zip

32034

Country

USA

Zip

Country

4. Date Formed or Registered
To Do Business in Florida

1-13-1999

5. FEI Number

59-3554056

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Brian K. McCarthy

Street Address (P.O. Box Number is Not Acceptable)

212 N. 14th Street

Suite, Apt. #, Etc.

City

Fernandina Beach

State

FL

Zip Code

32034

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes

SIGNATURE (Registered Agent Accepting Appointment)

Brian K. McCarthy

(REGISTERED AGENT MUST SIGN)

DATE

10/05/09

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)

Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

City, State and Zip Code

10a. Registration
Document Number

MFLP, Inc., a Florida
Corporation

212 N. 14th Street

Fernandina Beach,
Florida 32034

P99000003298

REINSTATEMENT 07-09

AL

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Brian K. McCarthy

DATE

10/05/09

Typed or Printed Name of General Partner Signing Form

Brian K. McCarthy

Telephone Number

(904) 206-1255