

2001 UNIFORM BUSINESS REPORT (UBR)

001716 AF

DOCUMENT # A99000000717

1. Entity Name

DINEEN FAMILY LIMITED PARTNERSHIP

FILED
 01 APR 19 PM 12:41
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Principal Place of Business
 12 SANDCASTLE DRIVE
 ORMOND BEACH FL 32176

Mailing Address
 12 SANDCASTLE DRIVE
 ORMOND BEACH FL 32176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3559658

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PLYE, MICHAEL A
1265 W. GRANADA BLVD., SUITE 1
ORMOND BEACH FL 32174

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record.

\$10,000.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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 # **P99000039360**
 NAME **M.K.D., M.D., INC.**
 STREET ADDRESS **12 SANDCASTLE DRIVE**
 CITY-ST-ZIP **ORMOND BEACH FL 32176**

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

100004137991-7
-05/07/01--01021--020
******158.75 ****158.75**

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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: _____

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)