

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000235

Entity Name

MCKINLEY RETAILSOUTH LIMITED PARTNERSHIP

Principal Place of Business

C/O MCKINLEY ASSOCIATES, INC.
320 NORTH MAIN STREET
ANN ARBOR MI 48107-8649

Mailing Address

C/O MCKINLEY ASSOCIATES, INC.
P.O. BOX 8649
ANN ARBOR MI 48107-8649

FILED

00 MAY -2 PM 4: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

38-2830329

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

KALEITA, GARY M ESQ.
C/O LOWNDES, DROSDICK, ET AL
215 NORTH EOLA DRIVE
ORLANDO FL 32801

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0

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 # P18494
NAME MCKINLEY ASSOCIATES, INC.
STREET ADDRESS 320 NORTH MAIN STREET
CITY - ST - ZIP ANN ARBOR MI 48107

STREET ADDRESS

CITY - ST - ZIP

DOCUMENT #
NAME WEISER, RONALD N
STREET ADDRESS 320 NORTH MAIN STREET
CITY - ST - ZIP ANN ARBOR MI 48107

STREET ADDRESS

CITY - ST - ZIP

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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:

Charles E. Leahy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Charles E. Leahy

Secretary to the G.P. 4/24/00 734-769-8523

Mckinley Associates, Inc

Date

Daytime Phone #

(6/95) 1001-20