

**2001 UNIFORM BUSINESS REPORT (UBR)**

0018418 AF

**DOCUMENT # B98000000235**  
 1. Entity Name  
**MCKINLEY RETAILSOUTH LIMITED PARTNERSHIP**

FILED

01 APR 27 PM 6:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

**MJH**

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

2. Principal Place of Business: Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address: Suite, Apt. #, etc. City & State Zip Country

4. FEI Number: **38-2830329** Applied For:  Not Applicable  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**KALEITA, GARY M ESQ.**  
**C/O LOWNDES, DROSDICK, ET AL**  
**215 NORTH EOLA DRIVE**  
**ORLANDO FL 32801**

7. Name and Address of New Registered Agent  
 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: **\$0.00**  
 10. Amount of Capital Contributions in FLORIDA to date: **\$ 0.00**  
 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	
DOCUMENT #	<b>P18494</b>
NAME	<b>MCKINLEY ASSOCIATES, INC.</b>
STREET ADDRESS	<b>320 NORTH MAIN STREET</b>
CITY-ST-ZIP	<b>ANN ARBOR MI 48107</b>
DOCUMENT #	
NAME	<b>WEISER, RONALD N</b>
STREET ADDRESS	<b>320 NORTH MAIN STREET</b>
CITY-ST-ZIP	<b>ANN ARBOR MI 48107</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>500004211475--6</b>
CITY-ST-ZIP	<b>05/11/01 01053-086</b> <b>***141.25 ***141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
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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: Teresa Walsh **SIGNATURE REQUIRED** Teresa Walsh CFO 4/21/01 734-769-8520  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER: Mckinley Associates INC Date: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

CR2E003 (11/00)