

2023 FLORIDA LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A22000000077

Entity Name: 6329 FAMILY LIMITED PARTNERSHIP

Current Principal Place of Business:

4900 GULF SHORE BLVD. N.
NAPLES, FL 34103

Current Mailing Address:

PO BOX 110657
NAPLES, FL 34108 UN

FEI Number: 87-4511737

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAFFY, PHILIP
4900 GULF SHORE BLVD. N.
NAPLES, FL 34103 US

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: _____

Electronic Signature of Registered Agent

_____ Date

General Partner Detail :

Document #

Name GRAFFY, PHILIP

Address 4900 GULF SHORE BLVD. N.

City-State-Zip: NAPLES FL 34103

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PHILIP J. GRAFFY

**MGM MEMBER OF
GENERAL PARTNER**

04/27/2023

_____ Electronic Signature of Signing General Partner Detail

_____ Date