

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000000899

1. Entity Name

TOMLINSON FAMILY LIMITED PARTNERSHIP



FILED

03 MAR -7 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business <i>3700 LEAFY-WAY</i> Suite, Apt. #, etc. <i>N/A</i>		3. Mailing Address <i>3700 LEAFY-WAY</i> Suite, Apt. #, etc. <i>N/A</i>	
City & State <i>Miami FL</i>		City & State <i>Miami FL</i>	
Zip <i>33133</i>	Country <i>Dade</i>	Zip <i>33133</i>	Country <i>Dade</i>

DUE BY MAY 1	
4. FEI Number <i>65-1064288</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>CORPCO INC.</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>2699 So. BAYSHORE DRIVE 2nd FLOOR</i>	
City <i>Miami FL</i>	Zip Code <i>33133</i>

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE *[Signature]* DATE *2-18-03*

9. Capital Contributions as Shown on record. <i>\$1,980,000.00</i>	10. Amount of Capital Contributions in FLORIDA to date. <i>610,000</i>	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY-ST-ZIP	<i>MALCOLM J. TOMLINSON A00000000899 3700 LEAFY-WAY Miami FL 33133</i>	STREET ADDRESS CITY-ST-ZIP <i>700012960147 02/21/03--01055--002 **427.00</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP <i>700012960147 03/07/03--01031--013 **99.25</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE IN THIS SPACE
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		<i>[Signature]</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		

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]* Date _____ Davina Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003B (12/02)

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