LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. Entity Name

A0000000899

TOMLINSON FAMILY LIMITED PARTNERSHIP



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					Kirjang Palat Congression and Australia		•		
2. Principal Place of Business 3700 LEAFY-Way			3. Mailing Address 3706 LBAF Y- Way			DO NOT WRITE IN THIS SPACE			
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				esiano lista del		7. Name and Address of Current	Registered Agen	t	
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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 Signatory typed or printed name of registered agent and title if applicable.									
						SEE REVERS	PAYABLE TO FL E SIDE FOR FEE I	DEPT, OF STATE	
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.	HOIL.	GENERAL PARTNER I	NOT be changed on t	ne rorm	; an amendment	must be filed to change a ge	neral partner.		
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14. I hereby ce	ertify that the	information supplied with this true and	s fling does not qualify for	the exery	ption stated in Sect	ion 119.07(3)(i), Florida Statutes. I f de under oath; that I am a General	urther certify that	the information	
	er or trustee e	is true and accurate and the impowered to execute this re	it my signature shall have t eport as required by Chapt	he same er 620, Fl	legal effect as if mad orida Statutes	de under oath; that I am a General	Partner of the limit	ed partnership or	
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