

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 01, 2004 8:00 A.M.**  
**Secretary of State**

DOCUMENT # A01000001167

1. Entity Name  
TUSKAWILLA PARK SC, LTD.



Principal Place of Business  
21301 POWERLINE ROAD  
SUITE 312  
BOCA RATON, FL 33433

Mailing Address  
P.O. BOX 11229  
KNOXVILLE, TN 37939



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02202004 Chg-LP CR2E003 (10/03)

City & State

City & State

4. FEI Number  
58-2648892

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

BLALOCK, LANDERS, WALTERS & VOGLER, P.A.  
802 11TH STREET WEST  
BRADENTON, FL 34205

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

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record. \$10,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

**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 #  
NAME  
TUSKAWILLA CORPORATE SL, INC.  
STREET ADDRESS  
21301 POWERLINE ROAD  
CITY- ST- ZIP  
BOCA RATON, FL 33433

STREET ADDRESS  
CITY- ST- ZIP

600032975816  
04/16/04--01061--005 \*\*158.75

DOCUMENT #  
NAME  
TUSKAWILLA CORPORATE GENERAL TS, INC.  
STREET ADDRESS  
60 E. 42ND STREET - 55TH FLOOR  
CITY- ST- ZIP  
NEW YORK, NY 10165

STREET ADDRESS  
CITY- ST- ZIP

DOCUMENT #  
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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:

Steven Levin, Gen. Part.

February 23, 2004 (865) 584-4175

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE