2002 UNIFORM BUSINESS REPORT (UBR)

DOCU	IMENT # A940 0	00001372	•	- -			x ,	•		
1. Entity Name						FILED				
TOURTELOT PROPERTIES LIMITED PARTNERSHIP						02 MAY -6 AM 10: 12				
Principal Place of Business C/O MONTA M. TOURELOT 516 - 55TH AVENUE Mailing Address C/O MONTA M. TOURELO 516 - 55TH AVENUE						SECRETARY OF STATE TALLAHASSEE, FLORIDA				
ST. PETERS	BURG BEACH FL 33706	ST. PETERSBURG BEAC	H FL 337	706						
Principal Place of Business Address Address				- ,						
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002				
City & State		City & State		4. F	El Number	59-3264314		Applied For Not Applicable		
₌ Zip	Country Zip		Cour	ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent		Name~		lame and A	ddress of New Reg	istered A	gent	
TOURTELOT, MONTA M 516 - 55TH AVENUE				Street Address (P.O. Box Number is Not Acceptable)						
	ERSBURG BEACH FL 33706			ļ		<u></u>				
				City	City FL Zip Code					
8. The above	named entity submits this statement fo	r the purpose of changing its	register	ed office or	registered age	ent, or both,	in the State of Florio			
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable.		,				DATE		
9. Capital Co	ontributions CACO 702 00	al Contri	butions	\$468,783.00 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION				TO DEPT. OF STATE		
as Shown	A GENERAL PARTNER T	'HAT IS A BUSINESS EN	TITY M	IUST BE F	REGISTERF	AND AC	TIVE WITH THIS	OFFICE	FEE INFORMATION	
NOTE: General Partners MAY NOT be changed on the 12. GENERAL PARTNER INFORMATION										
DOCUMENT #	G94280900055			13. ADDRESS CHANGES ONLY					<u>Y </u>	
NAME STREET ADDRESS	TOURTELOT PARTNERSHIP 516 - 55TH AVENUE		STRE	ET ADDRESS					-	
CITY-ST-ZIP	ST. PETERSBURG BEACH FL 33	706	CITY	-ST-ZIP						
DOCUMENT # NAME STREET ADDRESS			STRE	ET ADDRESS						
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DOCUMENT # NAME STREET ADDRESS			STREE	ET ADDRESS	•.					
CITY-ST-ZIP	- W. Abrada and C.			ST-ZIP	<u> </u>			_		
indicated the receive	ertify that the information supplied with a on this report is true and accurate and t er or trustee empowered to execute this	this filing does not qualify for hat my signature shall have the report as required by Chapte	the exer he same er 620, F MON	nption state legal effect lorida Statu JTA M	ed in Section 11 t as if made un- etes TOUDTET	19.07(3)(i), <i>I</i> der oath; th	Florida Statutes. I fur at I am a General Pa	ther certify intner of th	y that the information le limited partnership or	
			1401	TARE II.	TOOKIEL	OI, GE	MERAL PARTA	LK		