2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001792

1. Entity Name

TPP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 FEB 22 AM 11:35

Principal Place of Business	Mailing Address
3805 WEST SAN NICHOLAS STREET TAMPA FL 33629	3641 W. KENNEDY BOULEVARD. SUITE A TAMPA FL 33609-2849

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3641 W. KENNEDY BLVD.	
Suite, Apt. #, etc. SUITE A	Suite, Apt. #, etc.
City & State TAMPA, FL	City & State
Zip 33609	Country U.S.A.
	Zip
	Country

4. FEI Number 59-3401910 ☐ Applied For ☐ Not Applicable

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
LEVY, CLIFF 3805 WEST SAN NICHOLAS STREET TAMPA FL 33629	Name Street Address (P.O. Box Number is Not Acceptable) 3641 W. KENNEDY BLVD. SUITE A City TAMPA FL Zip Code 33609

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$188,570.06		

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 STREET ADDRESS CITY-ST-ZIP	P96000078633 TPP GP, INC. 3805 WEST SAN NICHOLAS STREET TAMPA FL 33629	STREET ADDRESS CITY-ST-ZIP	3641 W. KENNEDY BLVD. SUITE A TAMPA, FL 33609
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	mf 3/1/00
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CR2E003 (9/99)

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: SIGNATURE REQUIRED 2/18/00 (813)353-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #