

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # A96000001792 1. Entity Name TPP, LTD.					
Principal Place of Business 3641 W. KENNEDY BLVD., SUITE A TAMPA, FL 33609			Mailing Address 3641 W. KENNEDY BOULEVARD, SUITE A TAMPA, FL 33609		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3401910	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent BARNETT, LESLIE J BARNETT, BOLT, KIRKWOOD & LONG 601 BAYSHORE BOULEVARD, SUITE 700 TAMPA, FL 33606				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and file if applicable.					
9. Capital Contributions as Shown on record. \$188,570.06			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 #	P96000078633		STREET ADDRESS		
NAME	TPP GP, INC.		CITY - ST - ZIP		
STREET ADDRESS	3641 W. KENNEDY BLVD., SUITE A				
CITY - ST - ZIP	TAMPA, FL 33609				
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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)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			4/13/05 Date		
			(813) 353-2220 Daytime Phone #		