2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000180

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

TSCPR FAMILY PARTNERSHIP #3, LTD.

Principal Place of Business	Mailing Address
5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	5858 CENTRAL AVENUE ST. PETERSBURG FL 33707-1728

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	c/o The Sembler Company PO Box 41847
City & State	St. Petersburg, FL
Zip / Country	33743-1847 /

4. FEI Number 59-3489390 ☐ 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
SHER, CRAIG 5858 CENTRAL AVENUE ST. PETERSBURG FL 33707	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.

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
$6,039.00	$511,683.76	

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 #	P97000081031	STREET ADDRESS	
NAME	TSCPR FLORIDA, INC.	CITY-ST-ZIP	
STREET ADDRESS	5858 CENTRAL AVENUE		
CITY-ST-ZIP	ST. PETERSBURG FL 33707		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000003247200--3
NAME		CITY-ST-ZIP	-05/10/00--01038--033
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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 Craig H. Sher, Vice President, TSCPR Florida, Inc. 4/26/2000 727-384-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #