APPROVE.

FILED

| 2002 UNIFORM | BUSINESS | REPORT | (UBR) |
|--------------|-----------------|--------|-------|
|--------------|-----------------|--------|-------|

DOCUMENT #

1. Entity Name

A9900001312

| TOMAT | O INVESTMENTS, LTD. | 桑 尼里 | | | 02 APR 3 | 0 PH 5: 1 | 8 | |
|--|---|-------------------------------------|---|-------------------------|---|---|--|--|
| | - | • | | | SECRETA TALLAHAS | RY OF STA | ŢĘ. | |
| Principal Place of Business Mailing Address 616 AZALEA LANE 616 AZALEA LANE | | | | TALLIAHAS | SEE, FLOR | IDA | | |
| VERO BEAC | | VERO BEACH FL 32963 | | ŀ | | | | |
| | | | | | | | 18 171 8 1 (1 8 18 1187 1 88 1 | |
| | Place of Business | 3. Mailing Address | 7h // | 1 | | | | |
| 1655 277 Street 1655 277 Street Suite, Apt. #, etc. Suite, Apt. #, etc. | | eT | | | | | | |
| Suite # 2 Suite # 2 City & State C City & State | | | 4. FEI Number Applied For | | | | | |
| Ver | o Beach F1 | VERO BEACI | Vero Beach FL | | 65-0940277 | | Not Applicable | |
| | 960 | 32960 | Country | | 5. Certificate of Status Desired | Fee R | 5 Additional equired | |
| | 6. Name and Address of Currer | nt Registered Agent | Name | | 7. Name and Address of New Re | gistered Agent | | |
| l | WILLIAMS, ANDREW W 616 AZALEA LANE Street Addi | | | | s (P.O. Box Number is Npt Acceptable) | | | |
| | LEA LANE (ACH FL 32963 | | 16 | 1655 277 Street Suite Z | | | | |
| | | | City | 20- | Posel | FL Zig | Code | |
| 8. The above | named epity supports this statement | for the purpose of changing its reg | gistered office or r | registered | Deach d agent, or both, in the State of Flori | □ □ □ 3 | 32960 | |
| SIGNATURE | Signature, typed or printed name of registered ager | Millian | 12. | | · | 4/26/0 | 2 | |
| 9. Capital Co as Shown | ntributions \$12,000,000 | · | | | 11. MAKE CHECK | | | |
| | A GENERAL PARTNER | THAT IS A BUSINESS ENTIT | TY MUST BE D | EGISTE | DED AND ACTIVE WITH THE | SIDE FOR FEE | NFORMATION | |
| 12. | GENERAL PARTNE | ER INFORMATION | torm; an amen | ndment | must be filed to change a ger ADDRESS CHAN | | | |
| DOCUMENT # NAME | P99000063405 CHIEF INVESTMENTS FLORIDA | INC | STREET ADDRESS | | 1 KK 27 94 <1 | 200± | | |
| STREET ADDRESS 616 AZALEA LANE | | CITY-ST-ZIP | | lero Beach F1 32960 | | | | |
| DOCUMENT # | | | STREET ADDRESS | P C | NO CONCIL / Z | | | |
| STREET ADDRESS | | | CITY-ST-ZIP | | | | | |
| CITY ST-ZIP | | | STREET APPROVA | , | <u>sooges</u> | | | |
| NAME . STREET ADDRESS | | STREET ADDRESS | 05/10/0201040003 ****576, 25 ****526, 25 | | | | | |
| CITY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | | C!TY-ST-ZIP | | | | | |
| DOCUMENT # NAME | | | STREET ADDRESS | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | ** | | |
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| STREET ADDRESS | | | CITY-ST-ZIP | ١ | | <u> </u> | | |
| DOCUMENT # | | | | | | | | |
| NAME STREET ADDRESS | | | STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| 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 his report as required by Chapter 620, Florida Statutes | | | | | | | | |
| To a late of the state of the s | | | | | | | | |
| SIGNATURE: SIGNATURE: SIGNATURE NAME OF SIGNING GENERAL PARTNER Davigne Phone # | | | | | | | | |