

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0008835 AT

**DOCUMENT # A99000001312**



1. Entity Name  
**TOMATO INVESTMENTS, LTD.**

**FILED**  
03 JUN 19 AM 11:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1655 27TH ST., STE. 2  
VERO BEACH FL 32960

Mailing Address  
1655 27TH ST., STE. 2  
VERO BEACH FL 32960



2. Principal Place of Business		3. Mailing Address		<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0940277</b>	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>WILLIAMS, ANDREW W</b> <b>1655 27TH ST., STE. 2</b> <b>VERO BEACH FL 32960</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			<b>FL</b>	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$18,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	P99000063405	STREET ADDRESS	
NAME	CHIEF INVESTMENTS FLORIDA, INC.	CITY - ST - ZIP	<del>XXXXXXXXXX</del>
STREET ADDRESS	1655 27TH ST., STE. 2		
CITY - ST - ZIP	VERO BEACH FL 32960		000018308840 05/06/03--01116--002 **526.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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STREET ADDRESS			
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 this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** Date: 2/15/03 Daytime Phone #: 772-299-7633

CR2E003 (10/02)

STAPLE CHECK HERE