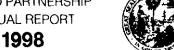
FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATION	N
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98 MAR -3 PM 2: 19

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1.	Name	of Limited	i Part	nership

DOCUMENT # A97000001568

TSB I, Ltd.

Mailing Address		Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
11221 St. Johns Industrial Parkway				7/17/97	\$200.00	
Jacksonville, FL 32246				3a. Date of Last Report		
				Ì	5b. Amount of Capital	
				4. State or Country of Formation	Contributions in FLORIDA to date:	
2. Mailing Addre	?\$ \$	2a. Principal Office Address		USA	0.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number ☐ Applied For ☐ Not Applicable		
City & State		City & State			■ Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
plb	 ,	F	•	A Make check payable to Dept. of	State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office			
	Name			
TSB I, Inc. 11221 St. Johns Industrial Parkway Jacksonville, FL 32246	Street Address (P.O. Box Number Is Not Acceptable)			
	Side Art # atc 7000024476577			
	-03/05/980100?018			
	city ****156.25 *****156.25			

10a. Pursuant to the provisions of sections 620 1051 and 620 109. Florida Statutos, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida, Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Name(s) of General Partner(s)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

TSB I, Inc.

11.

11221 St. Johns

City, State & Zip Code

11c.

Registration/ Document Number

Industrial Parkway

Jacksonville, FL 32246

P97000051846

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual roport is true and accurate and that my signature shall have the same legal effectives if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number