FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 APR -9 AM 11:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A97000001568

TSB I, LTD.

Mailing Address	Principal Office Address
~~11221 ST. JOHNS INDUSTRIAL PARKWAY~~	~~11221 ST. JOHNS INDUSTRIAL PARKWAY~~
JACKSONVILLE FL ~~32246~~	JACKSONVILLE FL ~~32246~~

3. Date Formed or Registered: 07/17/1997
3a. Date of Last Report: 03/03/1998
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $200.00
5b. Amount of Capital Contributions in FLORIDA to date: $ 200.00

2. Mailing Address	**2a.** Principal Office Address
9428 BAYMEADOWS Rd	9428 BAYMEADOWS Road
Suite, Apt. #, etc. SUITE 112	Suite, Apt. #, etc SUITE 112
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32256 Country	Zip 32256 Country

6. FEI Number: 59-3494246 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

TSB I, INC.
11221 ST. JOHNS INDUSTRIAL PARKWAY
JACKSONVILLE FL 32246

10. If changed, new Registered Agent/Office

Name: TSB I, INC.
Street Address (P.O. Box Number Is Not Acceptable): 9428 BAYMEADOWS Road,
Suite, Apt. #, etc: SUITE 112
City: JACKSONVILLE FL Zip Code: 32256

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, 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) Thomas F. Beckler, President TSB I, INC DATE 4/6/99

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
TSB I, INC.	11221 ST. JOHNS INDUS *	JACKSONVILLE FL 32246 *	P97000051846

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MK 4/9/99

* Changed to 9428 BAYMEADOWS ROAD SUITE 112 32256

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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 report is true and accurate and that my signature shall have the same legal effects as if made under oath; I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Thomas F. Beckler Pres TSB I, INC. DATE 4/6/99

Typed or Printed Name of General Partner Signing Form THOMAS F. BECKLER Daytime Telephone Number 904-737-9111