2000	ON	FURIN BU	3114E3	NEPUR	11 (00	n,		•		
DOCUMENT # A21999							C ** ( ) **	FILED		
TAMPA RETAIL LIMITED PARTNERSHIP							SECRETARY OF STATE BIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address 2100 MCKINNEY AVENUE. SUITE 700 2100 MCKINNEY AVENUE. S					UITE 700		00 APR 25 AM 3: 05			
DALLAS TX 75			DALLAS	DALLAS TX 75201-6909						
2. Principal Place of Business 3. Mailing Address				Address	<u></u>		- I TERLEHI LOTE KIRRI KIRRI KARA TEKKE IBIK BIRKI BIRKI Birki			
Suite, Apt.	#, etc.		Suite, A	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State	e		City &	City & State			4. FEI Number 75-2078310 Applied For Not Applicable			
Zip	ip Country Country				Country	5.	5. Certificate of Status Desired -   \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New Registered Agent				
PRENTICE HALL CORPORATION SYSTEMS, INC.					Street	Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS ST. SUITE 105										
TALLAHASSEE FL 32301					City	<del></del> _	FL Zip Code			
8. The above	named entit	y submits this statemen	nt for the purpose	e of changing its re	gistered office	or registered a	agent, or both	, in the State of Flori	da.	
SIGNATURE _	Signature, typed	or printed name of registered a	gent and title if applica	ble. (NOTE: Ri	egistered Agent sign	sture required when	n reinstating)		DATE	
9. Capital Col as Shown o	on record.	\$185,000.0	·	Amount of Capital ( in FLORIDA to date	e	185,000		SEE REVERS	E SIDE FOR	O DEPT. OF STATE FEE INFORMATION
	NOTE	GENERAL PARTNE : General Partners	MAY NOT be	changed on the	form; an am	REGISTER endment m	RED AND AC	to change a ger	eral partn	
12. GENERAL PARTNER INFORMATION DOCUMENT# A16895					STREET ADDRESS	1	ADDRESS CHANGES ONLY			
NAME STREET ADDRESS	CROW-TAMPA RETAIL #2, LTD.			1		2100	50 mckinney Ave Stute 700			
CITY-ST-ZIP DOCUMENT#	DALLAS TX 75201				CITY-ST-ZIP		Jallas, 1X 75201			
NAME	ļ				STREET ADDRESS	·				
STREET ADORESS CITY-ST-ZIP					City-st-zip	<u> </u>			<del></del>	
DOCUMENT# NAME		,		:	STREET ADDRESS		4(			3044 <del>024007</del>
STREET ADORESS CITY-ST-ZIP	ļ		•		CITY-ST-ZIP			****52	6.25	****526.25
DOCUMENT# NAME					STREET ADDRESS		,	<del></del>		
STREET ADDRESS				:	CITY-ST-ZIP			<u> </u>		
DOCUMENT#		<del></del>	<del>-</del>		STREET ADDRESS					
NAME STREET ADDRESS CITY-ST-ZZD-	[	1			CITY-ST-ZIP					-1
DOCUMENT		<u> </u>			STREET ADORESS					
NAME (1) STREET ADDRESS CITY+ST-ZIP					CITY-ST-ZIP		<del></del>			<del>-</del> <del>-</del>
	certify that th	e information supplied	with this filing do	es not qualify for th	ne exemption st	ated in Section	on 119.07(3)(i)	, Florida Statutes. I	further certif	y that the information

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

by:

Tampa Reput #2 Lida 15 general partner by:

SIGNATURE:

SIGNATURE:

SIGNATURE:

SIGNATURE:

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