A97000001568

Florida Department of State

Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

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Account Name : FOLEY & LARDNER
Account Number : 072720000061
Phone : (904)359-2000
Fax Number : (904)359-8700

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LIMITED PARTNERSHIP REINSTATEMENT

TSB I, LTD.

Certificate of Status	1
Certified Copy	0
Page Count	01

Estimated Charge	**$1,291.25**

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AD ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A97000001568

1. Name of Limited Partnership
TSB I, LTD.

2. Principal Office Address	3. Mailing Office Address
9428 Baymeadows Rd.	9428 Baymeadows Rd.
Suite, Apt. #, etc. #112	Suite, Apt. #, etc. #112
City & State Jacksonville, FL	City & State Jacksonville, FL
Zip 32256 Country USA	Zip 32256 Country USA

4. Date Formed or Registered To Do Business in Florida 7/17/1997

5. FEI Number 59-3494246 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7a. Capital Contributions as shown on Record: $200

7b. Amount of Capital Contributions in FLORIDA to date: $200

8. Name and Address of Current Registered Agent

Name: TSB I, INC.

Street Address (P.O. Box Number is Not Acceptable): 9428 Baymeadows Rd.

Suite, Apt. #, Etc.: #112

City: Jacksonville State: FL Zip Code: 32256

FEES:
1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 7b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $8.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. 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) TSB I, INC. By: Thomas F. Beeckler DATE 5/07/01

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

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City State and Zip Code	10a. Registration Document Number
TSB I, INC.	9428 Baymeadows Rd. #112	Jacksonville, FL 32256	P97000051846

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

11. 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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 TSB I, INC. By: Thomas F. Beeckler DATE 5/7/01

Typed or Printed Name of General Partner Signing Form: TSB I, INC./Thomas F. Beeckler Telephone Number: 904.737.9111

Fax Audit No. H01000064495

CR2E079 (8/00)