

# 2002 UNIFORM BUSINESS REPORT (UBR)

0008417 AT

**DOCUMENT # A00000000531**  
 1. Entity Name  
**T.F.P. INVESTMENTS, LTD.**

**FILED**

02 APR 24 PM 2:44

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business  
**6658 FRANCONIA DRIVE  
 BELLE ISLE FL 32812**

Mailing Address  
**6658 FRANCONIA DRIVE  
 BELLE ISLE FL 32812**



2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number  
**NOT APPLICABLE**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**THORNTON, MARK B  
 6658 FRANCONIA DRIVE  
 BELLE ISLE FL 32812**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** 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.

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

9. Capital Contributions as Shown on record. **\$2,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE  
 SEE REVERSE SIDE FOR FEE INFORMATION**

**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	
DOCUMENT #	<b>P00000030405</b>
NAME	<b>T.F. MANAGEMENT, INC.</b>
STREET ADDRESS	<b>6658 FRANCONIA DRIVE</b>
CITY-ST-ZIP	<b>BELLE ISLE FL 32812</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>200005414682--2</b>
CITY-ST-ZIP	<b>-05/01/02--01033--011              *****526.25 *****526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:

01-28-02 407-85A-A764

CP2E003 (9/01)