

# 2001 UNIFORM BUSINESS REPORT (UBR)

0007980 AF

DOCUMENT # A00000001468

1. Entity Name

TOUR D'OR LIMITED PARTNERSHIP

FILED

01 JUN 25 AM 10:50

Principal Place of Business

3003 YAMATO ROAD C-1  
BOCA RATON FL 33486

Mailing Address

3003 YAMATO ROAD C-1  
BOCA RATON FL 33486

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1044362

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SILVERTAND, JOHN

3003 YAMATO ROAD C-1  
BOCA RATON FL 33486

Name

STEWART SELIN

Street Address (P.O. Box Number is Not Acceptable)

4000 20425 State Rd 7. Ste 6290

City

BOCA RATON

FL

Zip Code

33498

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record.

\$5,000,000.00

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

SILVERTAND, JOHN  
3003 YAMATO ROAD C-1  
BOCA RATON FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

LP 14  
385-LP

800004451528--8

-06/29/01--01039--017

\*\*\*\*141.25 \*\*\*\*141.25

800004451528--8

-06/29/01--01039--018

\*\*\*\*385.00 \*\*\*\*385.00

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:

*John Silvertand*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

561.995.1622

CRZE003 (11/00)