

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A01000000694

1. Entity Name  
TAB 200, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 APR -1 PM 2:14

2/24/03

Principal Place of Business  
140 NORTH FEDERAL HIGHWAY, SECOND FLOOR  
BOCA RATON FL 33432

Mailing Address  
140 NORTH FEDERAL HIGHWAY, SECOND FLOOR  
BOCA RATON FL 33432



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2003

4. FEI Number 65-1102606

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHROEDER, MICHAEL A ESQ.  
SCHROEDER AND LARCHE, P.A.  
2255 GLADES ROAD, SUITE 319 ATRIUM  
BOCA RATON FL 33431

Name

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

120 E. Palmetto Park Road, Ste 150

City

Boca Raton

FL

Zip Code  
33432

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

3/19/03

DATE

9. Capital Contributions  
as Shown on record.

\$7,500.00

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # P99000109539  
NAME TAB PROPERTIES, INC.  
STREET ADDRESS 2900 UNIVERSITY DRIVE  
CITY-ST-ZIP CORAL SPRINGS FL 33065

STREET ADDRESS

CITY-ST-ZIP

000014960170

04/01/03--01023--019 \*\*150.00

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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:

Signature and typed or printed name of signing general partner

Date

Daytime Phone #

CR2E003 (10/02)

0003947  
AV