


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013074 AT

DOCUMENT # A02000000314	
1. Entity Name TD REAL ESTATE, LTD.	

FILED

03 APR 21 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 19001 SUNLAKE BOULEVARD LUTZ FL 33549	Mailing Address 19001 SUNLAKE BOULEVARD LUTZ FL 33549
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

DUE BY MAY 1, 2003

Zip 33558-4949	Country USA	Zip 33558-4949	Country USA
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4. FEI Number 03-0404883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HANNAH, CHARLES A 19001 SUNLAKE BOULEVARD LUTZ FL 33549	Name Street Address (P.O. Box Number is Not Acceptable) City
	FL Zip Code 33558-4949

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

9. Capital Contributions as Shown on record. \$396.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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												
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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:  **04/17/03 (813) 909-1277**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)