

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A02000001098**

1. Entity Name  
**TTD PROPERTY INVESTMENTS, LTD.**



**FILED**

**03 JUN -9 AM 8:00**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**764 SEAVIEW DRIVE  
JUNO BEACH FL 33408**

Mailing Address  
**764 SEAVIEW DRIVE  
JUNO BEACH FL 33408**

2. Principal Place of Business  
**14255 U.S. HWY. #1  
Suite, Apt. #, etc.  
#218**

3. Mailing Address  
**14255 U.S. HWY #1  
Suite, Apt. #, etc.  
#218**

**DUE BY MAY 1, 2003**

City & State  
**JUNO BEACH, FL**  
Zip  
**33408** Country  
**USA**

City & State  
**JUNO BEACH, FL**  
Zip  
**33408** Country  
**USA**

4. FEI Number  
**743055474**

Applied For  
Not Applicable

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

**AUNAPU, DIANE M  
764 SEAVIEW DRIVE  
JUNO BEACH FL 33408**

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

SIGNATURE **DIANE M. AUNAPU**  
Signature, typed or printed name of registered agent and title if applicable.

**4/24/03**  
DATE

9. Capital Contributions  
as Shown on record. **\$1,000.00**

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 #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PIONEER REALTY OF THE PALM BEACHES, LLC  
764 SEAVIEW DRIVE  
JUNO BEACH FL 33408**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**300017802843  
05/01/03--01021--009 \*\*61.25**

DOCUMENT #  
NAME  
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**300017802843  
06/03/03--01089--017 \*\*80.00**

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STREET ADDRESS

CITY-ST-ZIP

CR2E003 (10/02)

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:

**DIANE M. AUNAPU**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4/24/03**  
Date

**561-799-5602**  
Daytime Phone #

001777 AT