

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00002028  
AB

DOCUMENT # **A02000001598**

1. Entity Name  
**TPH ACQUISITION LLP**



**FILED**

03 AUG 11 AM 10:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**8383 BAYCENTER ROAD  
JACKSONVILLE FL 32256**

Mailing Address  
**8383 BAYCENTER ROAD  
JACKSONVILLE FL 32256**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY SEPTEMBER 24, 2003**

4. FEI Number

**61-1436406**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**BSPA CORPORATE SERVICES, INC.  
350 EAST LAS OLAS BLVD., SUITE 1000  
FORT LAUDERDALE FL 33301**

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

SIGNATURE

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

DATE

9. Capital Contributions  
as Shown on record.

**\$1,979,000.00**

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

DOCUMENT # **L02000022898**  
NAME **TPH ACQUISITION LLC**  
STREET ADDRESS **8383 BAYCENTER ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32256**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

**800022216898**  
**08/11/03 01070 003 \*\*926.25**

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

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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**8/7/03**  
Date

**904.731.3034**  
Daytime Phone #

CR2E003 (4/03)

STAPLE CHECK HERE