FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAR -2 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

T P R ASSOCIATES, LTD.

1a. DOCUMENT # **A04074**

Mailing Address
P.O. BOX 3188
WEST PALM BEACH FL 33402-3188

Principal Office Address
222 LAKEVIEW AVE. 4TH FLOOR
WEST PALM BEACH FL 33402-3188

3. Date Formed or Registered: 12/06/1974

3a. Date of Last Report: 11/17/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $224,999.99

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

6. FEI Number: 36-6578367 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

FLORIDA-LAWDOCK, INC.
222 LAKEVIEW AVE 4TH FLOOR
WEST PALM BEACH FL 33402-3188

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc
City FL

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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
THE LEIDER HORTICULTURAL COM	855 E. APTAKISIC ROAD	BUFFALO GROVE IL 6008	P20829

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Joseph H. Dunsey - Secretary, The Leider Horticultural Co., Inc. DATE 2/25/99

Typed or Printed Name of General Partner Signing Form JOSEPH H. DUNSEY Daytime Telephone Number 847/634-4060

CR2E003 (12/98)