2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A04074

1. Entity Name

T P R ASSOCIATES, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 25 AM 3:05

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
222 LAKEVIEW AVE. 4TH FLOOR	P.O. BOX 3188
WEST PALM BEACH FL 33402-3188	WEST PALM BEACH FL 33402-3188

2. Principal Place of Business	3. Mailing Address
855 E. APTAKISIC Rd.	855 E. APTAKISIC Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BUFFALO GROVE, IL	City & State: BUFFALO GROVE, FL
Zip: 60089 Country: USA	Zip: 60089 Country: USA

4. FEI Number 36-6578367 ☐ 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
FLORIDA-LAWDOCK, INC.	Name
222 LAKEVIEW AVE 4TH FLOOR	Street Address (P.O. Box Number is Not Acceptable)
WEST PALM BEACH FL 33402-3188	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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $224,999.99	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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	P20829 THE LEIDER HORTICULTURAL COMPANIES, INC. 855 E. APTAKISIC ROAD BUFFALO GROVE IL 60089	STREET ADDRESS / CITY-ST-ZIP	200003264232--2 -05/23/00--01118--008 ****526.25 ****526.25
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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: SIGNATURE REQUIRED [signature] Secretary 4/19/2000 847/634-4060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)