

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A04074

1. Entity Name
T P R ASSOCIATES, LTD.



03 JAN 21 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

Mailing Address
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103



2. Principal Place of Business

3. Mailing Address
855 E. APTAKISIL ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BUFFALO GROVE, IL

4. FEI Number 36-6578367

Applied For
Not Applicable

Zip

Country

Zip
60089-6678

Country
USA

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

NAPLES-LAWDOCK, INC.
4501 TAMiami TRAIL NORTH, SUITE 300
NAPLES FL 34103

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. \$224,999.99

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 # P20829
NAME THE LEIDER HORTICULTURAL COMPANIES, INC.
STREET ADDRESS 4501 TAMiami TRAIL NORTH, SUITE 300
CITY-ST-ZIP NAPLES FL 34103

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900010402539
01/21/03--01103--016 **\$26.25

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

FRANCO M. LEIDER

Date

Daytime Phone #

1-17-03 847-634-4060

CR2E003 (10/02)