

2005 UNIFORM BUSINESS REPORT (UBR)

210769

FILED

00 MAY 10 PM 4:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # A07325

1. Entity Name
TEMPLE COURT ASSOCIATES, LTD.

Principal Place of Business: C/O MARTIN FINE, ESQ.///HOLLAND & KNIGHT, 701 BRICKELL AVE., #3000, MIAMI FL 33131
Mailing Address: C/O MARTIN FINE, ESQ.///HOLLAND & KNIGHT, 701 BRICKELL AVE., #3000, MIAMI FL 33131-2847

2. Principal Place of Business: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
City & State: _____

Zip: _____ Country: _____ Zip: _____ Country: _____

4. FEI Number: **59-1989719** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FINE, MARTIN ESQUIRE
C/O HOLLAND AND KNIGHT
701 BRICKELL AVE., #3000
MIAMI FL 33131

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.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

9. Capital Contributions as Shown on record: **\$9,000.00**
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 | |
|---|--|
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | M60488 TEMPLE COURT GP/MF, INC. C/O HOLLAND&KNIGHT, 701 BRICKELL AV.,#3000 MIAMI FL 33131 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | M60489 TEMPLE COURT GP, INC. C/O HOLLAND&KNIGHT, 701 BRICKELL AV.,#3000 MIAMI FL 33131 |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | |
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| DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|-----------------------------------|--|
| STREET ADDRESS CITY - ST - ZIP | |
| STREET ADDRESS CITY - ST - ZIP | 800003289539-4 -06/14/00--01078--018 ****151.75 ****151.75 |
| STREET ADDRESS CITY - ST - ZIP | 63.00 |
| 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** *Martin Fine* **4.11.2000 (305) 789 7710**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR12E013 (5/99)