

2002 UNIFORM BUSINESS REPORT (UBR)

000144 AV

DOCUMENT # **A07325**

1. Entity Name

TEMPLE COURT ASSOCIATES, LTD.

FILED

02 JAN 29 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O HOLLAND & KNIGHT 701 BRICKELL AVE., 30TH FLOOR MIAMI FL 33131	Mailing Address C/O HOLLAND & KNIGHT 701 BRICKELL AVE., 30TH FLOOR MIAMI FL 33131
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number **59-1989719**

Applied For
Not Applicable

Zip Country

Zip Country

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

**MARTIN FINE
c/o HOLLAND + KNIGHT
701 BRICKELL AVE
MIAMI, FLA. 33131**

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

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

13. ADDRESS CHANGES ONLY

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
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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: Martin Fine **SIGNATURE REQUIRED** 1/23/02 (305) 789 7710
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CF2E003 (9/01)

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