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DOGUMENT # A08994	A	07	14	7	4
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Entity Name	MU	77				
TAMPA INDUSTRIAL DEVELOP	ERS, LTD.			FILED		
Principal Place of Business	Mailing Address		00	00 OCT 10 PM 4: 50		
6103 Johns Road Suite 8	6103 Johns Road Suite 8	i	SEC	SECOUTE TO THE STORY OF		
Tampa, FL 33634	Tampa, FL 3363	34	TALL	CRETARY OF STAT AHASSEE, FLORI	ŢĘ	
		-		MINOSEE, FLORI	DA	
2. Principal Place of Business	3. Mailing Address		-			
3103 Samara Drive	3103 Samara Dri	ve			00.05	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State Tampa, FL	City & State Tampa, FL		4. FEI Number Applied For 59–2045754 Not Applicable			
Zip Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional			
33618-4307 USA  6. Name and Address of Current R	33618-4307	USA	7. Name and Add	ress of New Registered	Fee Required Agent	
o. Name and Address of Carrent N		Name				
James J. Carlstedt		Street Ad	ddress (P.O. Box Number is f	Vot Acceptable)		
3103 Samara Drive						
Tampa, FL 33618						
		City		FL	Zip Code	
8. The above named entity submits this statement for	the purpose of changing its re	gistered office or	registered agent, or both, in	the State of Florida.		
la O Call				1/12/2	en~	
SIGNATURE Signature, typed of photod name of registered agent an	d title if applicable (NOTE: R	egistered Agent signatu	re required when reinstating)	DATE	<del>-</del>	
9. Capital Contributions	10. Amount of Capital (		14-74	1. MAKE CHEEK PAYABL	E TO DEPT. OF STATE OR FEE INFORMATION	
as Shown on recold \$2,050,000.00  A GENERAL PARTNER TH	in FLORIDA to date	<u> </u>		The state of the s		
NOTE: General Partners MAY	NOT be changed on the	form; an ame	ndment must be filed to	change a general pa	rtner.	
12. GENERAL PARTNER	INFORMATION	13.	· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ON	ILY	
	# 653265 Tampa Industrial Management Co., Inc. street ADDRESS 3103 Sa			ıve		
STREET ADDRESS 6103 Johns Road, #8	generic W., Inc.	CITY-ST-ZIP	TY-ST-ZIP			
Tampa FL 33634	- // F		Tampa, FL 336	8-4307		
DOCUMENT # NAME		STREET ADDRESS		•		
STREET ADDRESS		CITY-ST-ZIP	400	0003437	<u>                                       </u>	
CITY-ST-ZIP				<del>10/24/00</del> 0	)1 <del>086002</del>	
NAME APP 500	UU	STREET ADDRESS	•	***1087.50	***1087 <b>.</b> 50	
STREET ADDRESS	٠, ٦	CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP  ACCUMENT # SUUVE STATE	10	-				
DOCHMENT # 1		STREET ADDRESS	,			
NAME STREET ADDRESS PLUM 88.	1)	CITY-ST-ZIP	<del></del>			
CITY-ST-ZIP	ν 5	<b>0</b> 11 <b>0</b> 1 <b>2</b> 1			-	
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CITY-ST-ZIP	, , , ,	4 798cm	BARO SALI GAR			
DOCUMENT # NAME		STREET ADDRESS	,	53(0.)		
STREET ADDRESS		CITY-ST-ZIP		1 <del>377   ( 605)</del>		
CITY-ST-ZIP .		j	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	17 /		
14. I hereby certify that the information supplied with t indicated on this report is true and accurate and t	hat my signature shall have the	same legal ettec	it as it made under oath: tha	onda Statutes. I ferther ce : I am a General Partner ç	the limited partnership or	
the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes						
SIGNATURE: (/29/0-						
SIGNATURE: SIGNATURE AND THE ON F	PRINTED NAME OF SIGNING GENERAL I	PARTNER		Date	Daytime Phone #	
<i>U</i>			•			