2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED
03 APR -1 AM 10:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A08994

1. Entity Name
TAMPA INDUSTRIAL DEVELOPERS, LTD.

Principal Place of Business	Mailing Address
6201 JOHNS RD. TAMPA, FL 33614	C/O GRUBB & ELLIS MGT. SERVICES, INC. 3030 N. ROCKY POINT DRIVE WEST, STE. 560 TAMPA, FL 33607

DUE BY MAY 1, 2003

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. #1000
City & State	City & State Tampa, FL
Zip / Country	Zip 33607 / Country USA

4. FEI Number 59-2045754 ☐ 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
CARLSTEDT, JAMES J 3103 SAMARA DRIVE TAMPA, FL 33618-4307	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL DEPT OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$2,050,000.00		

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 #	663266	STREET ADDRESS	
NAME	TAMPA INDUSTRIAL MANAGEMENT CO., INC.	CITY-ST-ZIP	
STREET ADDRESS	3103 SAMARA DRIVE		
CITY-ST-ZIP	TAMPA, FL 336184307		
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STAPLE CHECK HERE

CR2E003 (10/02)

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: X James J Carl
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #