

2001 UNIFORM BUSINESS REPORT (UBR)

0016288 AF

DOCUMENT # A11097

1. Entity Name

LA PLACE ASSOCIATES, LIMITED

Principal Place of Business

P.O. BOX 11229
KNOXVILLE TN 37939

Mailing Address

P.O. BOX 11229
KNOXVILLE TN 37939

FILED
01 APR -6 PM 1:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21301 Puertine Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Zip

Country

US

Zip

Country

US

4. FEI Number

58-1452750

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

CLIFFORD L. WALTERS
802 11TH STREET WEST
BRADENTON FL 34205

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$1,584,000.00

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 # G66829
NAME TAMNOR CORPORATION
STREET ADDRESS 60 E. 42ND ST. 53RD FL
CITY-ST-ZIP NEW YORK NY 10165

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

General Partner

865-584-4175

Date

Daytime Phone #

CR2E003 (11/00)