2000	UNIFORM BUS		,			
1. Entity Nam		13 /576-1	1	vater	SECRETARY OF STATE	
TANDEM	I ASSOCIATES, LIMITED					
Principal Plac 3459 SEA GR SARASOTA FI	APE DR.	Mailing Address 3459 SEA GRAPE DR. SARASOTA FL 34242-1041				
2. Principal Place of Business 3. Mailing		3. Mailing Address	Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number	
		Zip Country		try	59-2115675 Not Applicable	
Zip	Country		COUN		5. Certificate of Status Desired     5. Certificate of Status Desired     Fee Required     7. Name and Address of New Registered Agent	
6. Name and Address of Current Registered Agent Nam				Name	7. Name and Address of New Registered Agent	
HALPIN, DAVID J. 3459 SEA GRAPE DRIVE				Street Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34242 8. The above named entity submits this statement for the purpose of changing its re-						
	Signature, typed or printed name of registered agent			d Agent signature require		
9. Capital Contributions as Shown on record.       \$31,500.00       10. Amount of Capital Contributions in FLORIDA to date.       \$31,500.00       11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION						
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on th	TITY M le form	UST BE REGIS ; an amendme	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12. GENERAL PARTNER INFORMATION			13,	· · · · · · · · · · · · · · · · · · ·	ADDRESS CHANGES ONLY	
NAME STREET ADDRESS CITY - ST - ZIP	TANDEM MANAGEMENT CORP. ESS 3459 SEA GRAPE DR.			ET ADORESS	9000032845191	
DOCUMENT #			STRE	EET ADDRESS	-06/12/0001029020 ****309.25 ****309.25	
NAME STREET ADDRESS CITY - ST - 27P			СПУ	- ST-ZIP		
DOCUMENT #			STRE	ET ADDRESS		
NAME STREET ADDRESS CITY - ST - ZIP			СПУ	-ST-ZIP		
DOCUMENT #			STRE	ET ADDRESS		
NAME STREET ADDRESS CITY - ST - ZIP			CITY	-ST-ZIP		
DOCUMENT#			STRE	EET ADDRESS		
STREET ADDRESS			CITY	- ST- ZIP		
DOCUMENT#		<u></u>	STRE	ET ADDRESS		
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 the moort as lequired by Chapter 620, Florida Statutes. David J. Halpin, as Director of Tandem						
SIGNATURE: SIGNATURE AND TYPED ON FRINTED DAYS OF SIGNATURE OF SIGNATU						