

# 2004 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0014325  
AF

DOCUMENT # **A11593**

1. Entity Name

**TANDEM ASSOCIATES, LIMITED**

01 APR 27 PM 6:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3459 SEA GRAPE DR. SARASOTA FL 34242</b>	Mailing Address <b>3459 SEA GRAPE DR. SARASOTA FL 34242</b>
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2. Principal Place of Business <b>395 Commercial Court</b>	3. Mailing Address <b>395 Commercial Court</b>
Suite, Apt. #, etc. <b>Suite A</b>	Suite, Apt. #, etc. <b>Suite A</b>

City & State <b>Venice, FL</b>	City & State <b>Venice, FL</b>	4. FEI Number <b>59-2115675</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34292</b>	Country <b>USA</b>	Zip <b>34292</b>	Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent

**HALPIN, DAVID J.  
3459 SEA GRAPE DRIVE  
SARASOTA FL 34242**

7. Name and Address of New Registered Agent

Name  
**Michael W. Miller**

Street Address (P.O. Box Number is Not Acceptable)  
**395 Commercial Court, Suite A**

City  
**Venice** **FL** Zip Code  
**34292**

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 **4/27/01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **\$31,500.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>F47892 TANDEM MANAGEMENT CORP. 3459 SEA GRAPE DR. SARASOTA FL</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

**100004194441--3**  
**-05/10/01--01124--019**  
**\*\*\*309.25 \*\*\*309.25**

*Handwritten: 220.50 = up, 88.75 = down*

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DATE: **4/27/01** DAYTIME PHONE #: **941-485-5267**

CR2E003 (11/00)