

2002 UNIFORM BUSINESS REPORT (UBR)

0015725 AI

DOCUMENT # A11593

1. Entity Name
TANDEM ASSOCIATES, LIMITED

FILED

02 APR 29 PM 4: 37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**395 COMMERCIAL COURT. STE. A
VENICE FL 34292**

Mailing Address
**395 COMMERCIAL COURT. STE. A
VENICE FL 34292**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number
59-2115675

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**MILLER, MICHAEL W
395 COMMERCIAL COURT, STE. A
VENICE FL 34292**

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

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

10. Amount of Capital Contributions in FLORIDA to date. **# 309.25**

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 # NAME STREET ADDRESS CITY-ST-ZIP	F47892 TANDEM MANAGEMENT CORP. 3459 SEA GRAPE DR. SARASOTA FL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

STREET ADDRESS	395 Commercial Court, Suite A
CITY-ST-ZIP	Venice, FL 34292
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300005503869--0
CITY-ST-ZIP	-05/10/02--01032--014 ****309.25 ****309.25
STREET ADDRESS	
CITY-ST-ZIP	
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)