

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**

**DOCUMENT # A16159**

1. Entity Name

TAMPA I-75, LTD.



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 APR 19 PM 2:11

Principal Place of Business Mailing Address  
~~5445 MARINER ST #110~~ ~~5445 MARINER ST #110~~  
~~TAMPA FL 33609-3415~~ ~~TAMPA FL 33609-3415~~

2. Principal Place of Business 3. Mailing Address  
*3505 E. Frontage Rd.* *3505 E. Frontage Rd.*  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
*#115* *#115*

City & State City & State  
*TAMPA FL* *TAMPA FL*  
Zip Country Zip Country  
*33607-7007* *USA* *33607-7007* *USA*

4. FEI Number 59-2346305  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required



MOORE CR2E003 (11/03)

**6. Name and Address of Current Registered Agent**

IRVING, PETER  
~~5445 MARINER ST #110~~  
~~TAMPA FL 33609-3415~~

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
*3505 E. Frontage Rd. #115*  
City *TAMPA* FL Zip Code *33607-7007*

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. \$2,585,700.00 10. Amount of Capital Contributions in FLORIDA to date. \$1,290,946 11. MAKE CHECK PAYABLE TO FL 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	STREET ADDRESS	
	BAXTER, GEORGE J.	4963 BACOPY LANE SO. APT 803	CITY-ST-ZIP	
		ST. PETERSBURG FL 33715		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
	IRVING, PETER	14900 GULF BLVD. #402	CITY-ST-ZIP	
		MADEIRA BCH FL		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
	KERR, ROBERT S. JR.	12501 N MARY AVE.	CITY-ST-ZIP	
		OKLAHOMA CITY OK		
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
			CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	STREET ADDRESS	
			CITY-ST-ZIP	

100035819061  
05/10/04--01067--005 \*\*526.25

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: *Peter Irving, Gen. Ptn.* 4-13-04 813-282-1873  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE