


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)


0020282 MB

<b>DOCUMENT # A16518</b> 1. Entity Name <b>TAMPA BAY BRIARWOOD ASSOCIATES, LTD.</b>	
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FILED

03 MAY -7 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>2770 ROOSEVELT BLVD. CLEARWATER FL 34620</b>	Mailing Address <b>2300 20TH ST. GULFPORT MS 39501-2980</b>
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2. Principal Place of Business	3. Mailing Address	<b>DUE BY MAY 1, 2003</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	4. FEI Number <b>59-2391015</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

<b>6. Name and Address of Current Registered Agent</b>  <b>POWELL, JAMES N ONE PROGRESS PLAZA, SUITE 1210 ST. PETERSBURG FL 33701</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City
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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. <b>\$3,450,100.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	<b>11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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 # <b>G95333900059</b> NAME <b>EQUITY INVESTMENTS ASSOCIATES-B</b> STREET ADDRESS <b>2300 20TH ST.</b> CITY-ST-ZIP <b>GULFPORT MS 39501</b>	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 1.2em;">000012447520</div> <div style="text-align: center; font-size: 1.2em;">05/07/03--01032--024 **526.25</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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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 629, Florida Statutes

**SIGNATURE** *Charles F. McDeynolds* **CHARLES F. McDEYNOLDS** 4/15/03 228.594.0125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)