

DUE BY MAY 1, 2007

DOCUMENT # A17103

1. Entity Name

TSL PLAZA ONE ASSOCIATES, LTD.



FILED
Apr 11, 2007 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

5516 RIVER ROAD
NEW PORT RICHEY FL 34652

5516 RIVER ROAD
NEW PORT RICHEY FL 34652



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2408469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E003 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLIVE, MALCOM H
5516 RIVER RD.
NEW PORT RICHEY FL 34652

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

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
G91571
TSL DEVELOPMENT OF FLA.
5516 RIVER ROAD
NEW PORT RICHEY FL

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
LAWN, MICHAEL
5516 RIVER ROAD
NEW PORT RICHEY FL

STREET ADDRESS

CITY- ST- ZIP

000000701341
04/20/07-80055-007 500.00

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP
SLIVE, MALCOLM H.
5516 RIVER ROAD
NEW PORT RICHEY FL

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS

CITY- ST- ZIP

DOCUMENT #
NAME
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 exemptions contained in Chapter 119, 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

MALCOLM SLIVE G.P.

4/9/07
Date

727 845-7000
Daytime Phone *

STAPLE CHECK HERE