

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

DOCUMENT # A17624

1. Entity Name

TAMPA 301, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 APR 19 PM 2:11

Principal Place of Business

5445 MARINER ST #110
TAMPA FL 33609-3415

Mailing Address

5445 MARINER ST #110
TAMPA FL 33609-3415

2. Principal Place of Business

3505 E. Frontage Rd.

Suite, Apt. #, etc.

#115

3. Mailing Address

3505 E. Frontage Rd.

Suite, Apt. #, etc.

#115

City & State

TAMPA FL

City & State

TAMPA FL

Zip

33607-7007

Country

USA

Zip

33607-7007

Country

USA

4. FEI Number

59-2439136

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

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

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

DATE

9. Capital Contributions
as Shown on record.

\$5,375,550.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$3,826,400

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

DOCUMENT #
NAME BAXTER, GEORGE J.
STREET ADDRESS 4963 BACOPA LANE SO. APT 803
CITY-ST-ZIP ST. AUGUSTINE FL 33715

DOCUMENT #
NAME IRVING, PETER
STREET ADDRESS 14900 GULF BLVD #402
CITY-ST-ZIP MEDEIRA BEACH FL 33708

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Peter Irving, Gen. Ptr.

4-13-04

813-282-1873

Date

Daytime Phone #

000035819070
05/10/04--01067--006 **526.25

PLEASE CHECK HERE