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

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # A18977

1. Entity Name
TAVARES ASSOCIATES, LTD.

Principal Place of Business	Mailing Address
6700 NW BROKEN SOUND PKWY. SUITE 201 BOCA RATON FL 33487	6700 NW BROKEN SOUND PKWY. SUITE 201 TALLAHASSEE FL 33487

MOORE CR2E003 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2402459 ☐ Applied For ☐ Not Applicable

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
FAUST, MARC % KATZ, BARRON, SQUITERO & FAUST 2699 SOUTH BAYSHORE DRIVE, SUITE 700A MIAMI FL 33133	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 ______________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record.	$400,000.00	10. Amount of Capital Contributions in FLORIDA to date.		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 #	L02000005283	STREET ADDRESS	
NAME	OYSTER MANAGEMENT GP, LLC ✓		
STREET ADDRESS	6700 NW BROKEN SOUND PARKWAY, SUITE 201	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON FL 33487		
DOCUMENT #		STREET ADDRESS	
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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 620, Florida Statutes

SIGNATURE: [signature] FRANK GULISANO FEB 11 2004 561-994-0919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #