2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000423 AV

DOCUMENT # A18977

1. Entity Name
TAVARES ASSOCIATES, LTD.

FILED
03 JAN 30 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

DUE BY MAY 1, 2003

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

FAUST, MARC
% KATZ, BARRON, SQUITERO & FAUST
2699 SOUTH BAYSHORE DRIVE, SUITE 700A
MIAMI FL 33133

7. Name and Address of New Registered Agent

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 #		STREET ADDRESS	
NAME	GULISANO, FRANK J		
STREET ADDRESS	6700 NW BROKEN SOUND PKWY, STE. 201	CITY-ST-ZIP	
CITY-ST-ZIP	BOCA RATON FL		
DOCUMENT #		STREET ADDRESS	800011408808
NAME			01/30/03 01079 009 **526.25
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CR2E003 (10/02)

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: FRANK J. GULISANO JAN 2 4 2003 561-994-0919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #