

2001 UNIFORM BUSINESS REPORT (UBR)

0014838 AF

DOCUMENT # **A24278**

1. Entity Name

TAMPA 5225 MEMORIAL HIGHWAY ASSOCIATES, LTD.

Principal Place of Business

C/O CHRIS BUNDSCHU
5900 ENTERPRISE PKWY.
FORT MYERS FL 33905

Mailing Address

C/O CHRIS BUNDSCHU
5900 ENTERPRISE PKWY.
FORT MYERS FL 33905

2. Principal Place of Business

6700-1 Daniels Parkway

Suite, Apt. #, etc.

3. Mailing Address

6700-1 Daniels Parkway

Suite, Apt. #, etc.

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33912

Country

USA

Zip

33912

Country

USA

4. FEI Number

52-1509036

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BUNDSCHU, CHRIS
5900 ENTERPRISE PKWY.
FT. MYERS FL 33905

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

6700-1 Daniels Parkway

City

Fort Myers

FL

Zip Code

33912

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$2,940,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO 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
STREET ADDRESS
CITY-ST-ZIP
AUFSFELD, GUNTER
D-50668 KOLN, THEODOR-HEUSS RING 54
WEST GERMANY

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
WOESTE, FRITZ
6110 BLACKBERRY LANE
DALLAS TX 75248

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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

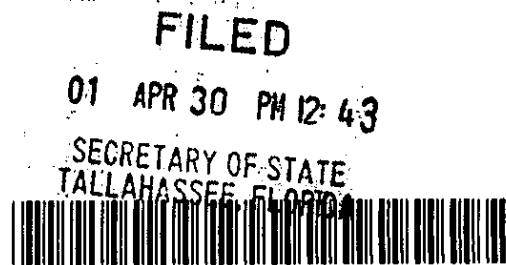
G.P.

4-20-01 214 855 2745

Date

Daytime Phone #

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE