


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

96 OCT -8 AM 11:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership TLI LIMITED PARTNERSHIP		1a. DOCUMENT # A25866 <i>97-AR</i> <i>CM</i>	
Mailing Address P. O. BOX 739 TROY OH 45373		Principal Office Address C/O HOBART BROTHERS COMPANY HOBART SQUARE, 800 W. MAIN TROY OH 45373	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 01/29/1988		5a. Capital Contributions as Shown on record \$50,000.00	
3a. Date of Last Report 12/27/1995		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation OH		6. FEI Number 31-1228013 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent HOBART BROTHERS COMPANY C/O WOLLARD AIRPORT EQUIPMENT, INC. 6970 NORTHWEST 77TH COURT MIAMI, FL FL 33166		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City FL Zip Code	
		000001974380--6 -10/15/96--01150--005 ****488.75 ****488.75	

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
HOWELL, MARCIA H.	2005 COVE DR.	VERO BEACH FL	
BRAVO, LUCIA H.	210 RIDGE AVENUE	TROY OH	
HOBART, WILLIAM H.	250 RIDGE AVENUE	TROY OH	
HOBART, PETER	INTEREXOTHERME S.R.L.	ROME, ITALY	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

William H. Hobart

DATE

10/3/96

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(513) 335-2345

CP2E003 (6/96)