

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A27250**

1. Entity Name
TADD INVESTMENTS, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 MAR -4 PM 4:48

W 9/6

Principal Place of Business
**60004 BROOKSIDE DRIVE
AMORY MS 38821**

Mailing Address
**60004 BROOKSIDE DRIVE
AMORY MS 38821**



2. Principal Place of Business

3. Mailing Address

30173 Channel Way Dr
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Canyon Lake, CA

City & State
Canyon Lake, CA

4. FEI Number **59-2912653**

Applied For
Not Applicable

Zip
92587

Country
Riverside

Zip
92587

Country
Riverside

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

**FROMBERG, GROSS, SHORE & LEWIS, P.A.
2500 EAST HALLANDALE BEACH BOULEVARD
SUITE #800
HALLANDALE FL 33009**

Name

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

000013518570

03/04/03--01079--013 **141.25

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

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

DATE

9. Capital Contributions as Shown on record.

\$53,022.36

10. Amount of Capital Contributions in FLORIDA to date.

0

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 #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHRISTOPHER, ROBERT B.
60004 BROOKSIDE DRIVE
AMORY MS 38821**

STREET ADDRESS

30173 Channel Way Dr.

CITY-ST-ZIP

Canyon Lake, CA 92587

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
**CHRISTOPHER, SUSAN M.
60004 BROOKSIDE DRIVE
AMORY MS 38821**

STREET ADDRESS

Same

CITY-ST-ZIP

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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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-23-03 (909) 244-8899

Date

Daytime Phone #

CR2E003 (10/02)