

# 2002 UNIFORM BUSINESS REPORT (UBR)

0003986 AV

**DOCUMENT # A27806**

1. Entity Name  
**TFLP, LTD.**

**FILED**  
**02 MAY -2 PM 2:23**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**



Principal Place of Business  
**P. O. BOX 2973**  
**PALM BEACH FL 33480**

Mailing Address  
**P. O. BOX 2973**  
**PALM BEACH FL 33480**

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

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

**DUE BY MAY 1, 2002**

4. FEI Number **65-0177984**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**HERON, J E**  
**232 AUSTRALIAN AVE.**  
**PALM BEACH FL 33480**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,500.00**

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	<b>K45946</b> <b>FLP INVESTMENT CORP.</b> <b>232 AUSTRALIAN AVE., STE. 2</b> <b>PALM BEACH FL 33480</b>
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	<b>100005555341--5</b> <b>-05/16/02--01067--001</b> <b>***141.25 ***141.25</b>
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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 900, Florida Statutes.

*By the General Partner, FLP Investment Corp. [Signature]*  
**SIGNATURE: Jeanne Heron, President**  
**DATE: 4-24-02**  
**DAYTIME PHONE: 561-659-3060**

CR2E003 (9/01)