

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0004080 AV

**DOCUMENT # A27806**



FILED

03 MAY -6 PM 1:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number **65-0177984**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**HERON, J E  
232 AUSTRALIAN AVE.  
PALM BEACH FL 33480**

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. **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$5,000**

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 # **K45946**  
NAME **FLP INVESTMENT CORP.**  
STREET ADDRESS **232 AUSTRALIAN AVE., STE. 2**  
CITY-ST-ZIP **PALM BEACH FL 33480**

STREET ADDRESS  
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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 620, Florida Statutes.

SIGNATURE: *W. Miner*  
**W. Miner, General Partner, FLP Investment Corp**  
**W. Miner, AS President**

**4-15-03**  
Date  
**301-639-3060**  
Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)