


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0016673 AT

<b>DOCUMENT #</b> A28650	
1. Entity Name TREASURE COAST REALTY INVESTORS, LTD.	

**FILED**

03 APR 10 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Principal Place of Business 411 NORTH U.S. 1 FORT PIERCE FL 34950	Mailing Address 411 NORTH U.S. 1 FORT PIERCE FL 34950
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number 65-0123349		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MURPHY, HOYT C JR. 411 NORTH U.S. 1 FT. PIERCE FL 34950	

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. 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. \$432,911.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 443,444.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	MURPHY, HOYT C JR.	STREET ADDRESS	
NAME	411 NORTH U.S. 1	CITY-ST-ZIP	
STREET ADDRESS	FT. PIERCE FL		
CITY-ST-ZIP			
DOCUMENT #	184847	STREET ADDRESS	100015640941
NAME	HOYT C. MURPHY, INC. REALTORS	CITY-ST-ZIP	04/10/03--01030--002 **562.25
STREET ADDRESS	411 NORTH U.S. 1		
CITY-ST-ZIP	FT PIERCE FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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NAME		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: 	4/4/2003	772-461-3250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		

CR2E003 (10/02)

STAPLE CHECK HERE