

# 2000 UNIFORM BUSINESS REPORT (UBR)

M 11111111

**DOCUMENT # A33133**  
 1. Entity Name  
**INVESTMENTS UNITED OF TENNESSEE, LTD.**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
**00 APR 17 PM 5:28**

Principal Place of Business <b>4314 PABLO OAKS CT. JACKSONVILLE FL 32224</b>	Mailing Address <b>4314 PABLO OAKS CT. JACKSONVILLE FL 32224-9631</b>
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DO NOT WRITE IN THIS SPACE

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 <b>59-3132129</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <b>\$6,000,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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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**

DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	<b>P39450 CAFEHM, INC. 313 S. PICKETT STREET ALEXANDRIA VA</b>
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<i>DA</i>
CITY - ST - ZIP	<i>4/17</i>
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	<b>200003230252-9 -05/01/00-01011-006 ****535.00 ****535.00</b>
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

CR2E003 (9/99)

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:** *Mary A. Toomey* **SIGNATURE REQUIRED** *Mary A. Toomey* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER**

Date *2/22/00* Daytime Phone # *904.992.3100*