

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A93000001074**

1. Entity Name

TVO SEMORAN PALMS PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 5:10

Principal Place of Business

70 EAST LAKE STREET, SUITE 600
CHICAGO IL 60601

Mailing Address

6090 SURETY DR.
SUITE 102
EL PASCO TX 79905-2060

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

74-2684342

Applied For

Not Applicable

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

ABRAMS, LEHN E ESQ.

C/O ARNOLD, MATHENY, & EGAN, P.A.

801 NORTH MAGNOLIA AVENUE, SUITE 201

ORLANDO FL 32802

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$304,179.00

10. Amount of Capital Contributions
in FLORIDA to date.

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F94000003877**
NAME **TVO SOUTHWEST, INC.**
STREET ADDRESS **70 EAST LAKE STREET, SUITE 600**
CITY - ST - ZIP **CHICAGO IL 60601**

STREET ADDRESS

CITY - ST - ZIP

800003217578--0

-04/21/00--01005--012

****526.25 ****526.25

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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:

Attorney Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-3-00

Date

Daytime Phone #

CR2E003 (9/99)