

# 2001 UNIFORM BUSINESS REPORT (UBR)

0020684 SP

**DOCUMENT #** A93000001297

**1. Entity Name**  
TAMPA ASSET MANAGEMENT PARTNERSHIP LIMITED

**FILED**

01 MAY 11 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Principal Place of Business**  
1725 W. DR. M.L. KING JR. BLVD.  
TAMPA FL 33607

**Mailing Address**  
1725 W. DR. M.L. KING JR. BLVD.  
TAMPA FL 33607

**2. Principal Place of Business**  
Suite, Apt. #, etc.

**3. Mailing Address**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**

**City & State**

**Zip** **Country**

**Zip** **Country**

**4. FEI Number** 59-3213361

**Applied For**  
☐ Not Applicable

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

**6. Name and Address of Current Registered Agent**  
  
FINANCIAL ANALYSIS AND REPORTS, INC.  
1725 W. DR. M.L. KING JR. BLVD.  
TAMPA FL 33607

**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** \_\_\_\_\_ 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.** \$980.00

**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 #	S45452	STREET ADDRESS	
NAME	FINANCIAL ANALYSIS AND REPORTS, INC.	CITY-ST-ZIP	
STREET ADDRESS	2116 ST ISABEL		
CITY-ST-ZIP	TAMPA FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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\*\*\*\*150.00 \*\*\*\*150.00

**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:** *Bradley P. ...* **FINANCIAL ANALYSIS AND REPORTS INC GENERAL PARTNER** **4/4/2001** **813-876-1686**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)