LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

FILED

02 MAY 16 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #A94000001513

1. Entity Name

TSG ASSOCIATES, LTD

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
c/o CHASTANG,FERRELL et al	SAME
Suite, Apt. #, etc.: 1400 W.Fairbanks Ave., Ste 102	Suite, Apt. #, etc.
City & State: Winter Park, FL	City & State
Zip: 32789 Country: USA	Zip Country

DO NOT WRITE IN THIS SPACE

DUE BY MAY 1

4. FEI Number: 59-3278247 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Joseph J. Raymond, Jr.

Street Address (P.O. Box Number is Not Acceptable): 1400 W. Fairbanks Ave., Ste 102

City: Winter Park FL Zip Code: 32789

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 _____ DATE
Signature, type or print name of registered agent and title if applicable.

9. Capital Contributions as Shown on record	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000		

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 #	J78297	STREET ADDRESS	900005664309--2
NAME	Gulf Coast Corporate Ventures, Inc.	CITY-ST-ZIP	-06/03/02--01030--023
STREET ADDRESS	1400 W. Fairbanks Ave., Ste 102		****141.25 ****141.25
CITY-ST-ZIP	Winter Park, FL 32789		
DOCUMENT #		STREET ADDRESS	900005664309--2
NAME		CITY-ST-ZIP	-06/03/02--01030--023
STREET ADDRESS			****150.00 ****150.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	DO NOT WRITE
NAME		CITY-ST-ZIP	IN THIS SPACE
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003B (12/01)

STAPLE CHECK HERE

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: _____ Date _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Daytime Phone #