DOCUI	MENT # 495 00	0000 1593	FILED STATE	FILED STATE		
T. Entity Nam	MENT# 49500 TR. FAMILY PA	apt wopsh;	יום סי	SECRETARY OF STATE INSTITUTE OF CORPORATIONS	19/02	
	7		, -	H DEC 31 AM 11:51	(	
Principal Place		Mailing Address		1		
BOIS PARA Chase 2216A SARASOVA Th. 34240 SARAS			SKARA CAREN.		•	
SA	RASOVA 41. 348	240 SAI	ersota FL3454	Ø		
	- Aller					
	lace of Business AME AS ABOVE	3. Mailing Address SAME AS Suite, Apt. #, etc.	Above		,	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	•	DO NOT WRITE IN	THIS SPACE	
City & State City & State		City & State		4. FEI Number 39-3349050	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
	6. Name and Address of Curre	ent Registered Agent		7. Name and Address of New Regist		
			Name			
-/	Ups TERRER	Dow H.	Street Address	Street Address (P.O. Box Number is Not Acceptable)		
	2218 KARA			1 1 2		
	SARASOFA 9	fl. 34240	City		FL Zip Code	
8. The above	named entity submits this statement	it for the purpose of changing	its registered office or regist	tered agent, or both, in the State of Florida.		
	TH .	Hum		•		
SIGNATURE .	Signature, typed or printed name of registered age		NOTE: Registered Agent signature requi		DATE	
<ol><li>Capital Cor as Shown or</li></ol>		10. Amount of Ca in FLORIDA	apital Contributions 250 o date.	,000 SEE REVERSE SI	YABLE TO DEPT. OF STATE DE FOR FEE INFORMATION	
*1	A GENERAL PARTNER	R THAT IS A BUSINESS	ENTITY MUST BE REGI	STERED AND ACTIVE WITH THIS OF ont must be filed to change a general	FICE.	
12.		NER INFORMATION	13.	ADDRESS CHANGE	SONLY	
DOCUMENT # NAME	P9400004231	05	STREET ADDRESS	NOTE: No late fee due to SE OUT error in mailing address, LR SOURCES		
STREET ADDRESS	RARA CLASS - 2218 FARA Cha	INC.	CITY-ST-ZIP	1 - 1 - 1 -	1/ -LR 88	
CITY-ST-ZIP	2218 FARACNA	ST SARASSTAH		OUT ELTOT UN Mailing	<u> 440/635,</u>	
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CITY-ST-ZIP			CITY-ST-ZIP			
14. I hereby o	certify that the information supplied v	with this filing does not qualif	y for the exemption stated in ave the same legal effect as i	Section 119.07(3)(i), Florida Statutes. I furth f made under oath; that I am a General Par	ner certify that the information tner of the limited partnership or	
the receiv	ver or trustee empowered to execute	e this report as required by C	hapter 620, Florída Statutes			
SIGNAT		um		01-02-2001	941-488-2500	
JIGIVAI	SIGNATURE AND TYPED	D OR PRINTED NAME OF SIGNING GE	NERAL PARTNER	Date	Daytime Phone #	

2001 UNIFORM BUSINESS REPORT (UBR)

(2) of 2

December 20, 2001

TK FAMILY LIMITED PARTNERSHIP 2218 KARA CHASE CT SARASOTA, FL 34230

After we spoke by telephone today I noticed that there was an error in our part concerning your mailing address. Due to this error, you are not subject to late fees for this report. Please complete the attached blank 2001 Uniform Business Report and submit it with a check for the filing fee of \$526.25. Attached is a printout showing the current information on record, as well

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. PARTNERS, 4. EVENTS 7. LIST

## ENTER SELECTION AND CR:

as a copy of your previous report, for your reference. Please send your report along with all of these attachments including this letter. Please send everything to my attention. A self-addressed envelope is enclosed for your convenience. We apologize for our error and thank you for your understanding.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 101A00066574

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

+ NEXT, - PREV, 1. MENU, 2. FILING, 3. OFFICERS, 4. EVENTS 7. LIST ENTER SELECTION AND CR: