

# 2002 UNIFORM BUSINESS REPORT (UBR)

0012145 AT

**DOCUMENT # A95000001988**

1. Entity Name  
**TOPPEL PARTNERS LIMITED PARTNERSHIP**

FILED  
02 APR 19 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business <b>7900 GLADES RD. STE. 420 BOCA RATON FL 33434</b>	Mailing Address <b>7900 GLADES RD. STE. 420 BOCA RATON FL 33434</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.	<b>DUE BY MAY 1, 2002</b>	
City & State	City & State	4. FEI Number <b>65-0253593</b>	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**TOPPEL, JONATHAN  
7900 GLADES RD., STE. 420  
BOCA RATON FL 33434**

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

9. Capital Contributions as Shown on record. <b>\$3,000,000.00</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		13. ADDRESS CHANGES ONLY	
DOCUMENT # <b>S51867</b>	NAME <b>TOPP-HILL FARMS, INC.</b>	STREET ADDRESS	<b>AL</b>
STREET ADDRESS <b>7900 GLADES ROAD, SUITE 420</b>	CITY-ST-ZIP <b>BOCA RATON FL 33434</b>	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	<b>700005481847--4 -05/07/02--01080--018 ****526.25 ****526.25</b>
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DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	

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: *Jonathan Toppe* **Jonathan Toppe** 4/17/02 5614514696  
Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE