

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000000035**

1. Entity Name
TDB PARTNERS LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
WR 4/8
02 APR -4 PM 2:23

Principal Place of Business
1250 W. Hillsboro Blvd.
DEERFIELD BEACH FL ~~33441~~ **33441**

Mailing Address
1250 W. Hillsboro Blvd.
DEERFIELD BEACH FL ~~33441~~ **33441**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **65-0492758**
Applied For
 Not Applicable

Zip Country Zip Country

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

~~BUCKLEY, THOMAS G JR~~
BUCKLEY, THOMAS G JR
~~1250 W. Hillsboro Blvd.~~
1250 W. Hillsboro Blvd.
~~DEERFIELD BEACH FL 33441~~
DEERFIELD BEACH FL 33441

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. **\$1,000.00**

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 #
NAME **BUCKLEY, THOMAS G JR**
STREET ADDRESS **1250 W. Hillsboro Blvd.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

STREET ADDRESS
CITY-ST-ZIP **200005258442--0**
-04/12/02--01092--008
******141-25--****141-25**

DOCUMENT #
NAME **BUCKLEY, DORIS M**
STREET ADDRESS **1250 W. Hillsboro Blvd.**
CITY-ST-ZIP **DEERFIELD BEACH FL 33441**

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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: *[Signature]* **1-16-02 858 2775931**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)