## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600000058  1. Entity Name							<b>(- 1</b> )	f	
TUTTLE RETAIL ASSOCIATES, LTD.						FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address					<del></del>	]	00 FEB - I	AH 10: 3	3
2815 PROCTOR ROAD P.O. BOX 5335							00125	,	
SARASOTA FL 34277 SARASOTA FL 34277-5335									
	:								
Principal Place of Business     3. Mailing Address							nd tokka annı asink danı	POGRI DENIK BONKI DI	[/][ <b>0010</b> ]
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State			City & State			4. FEI Number	65-0655407	•	Applied For
Zip	Zip Country		Zip	Country		5. Certificate of	Status Desired		75 Additional Required
6. Name and Address of Current Registered Agent						7. Name and A	ddress of New Rec		
~- ,·		\$ 14± 42	the same transfer and	-#? <b>?</b>	Names				
GULF COAST PROPERTY SERVICES, INC.					Street Address (P.O. Box Number is Not Acceptable)				
2815 PROCTOR ROAD SARASOTA FL 34277									
ONINOOTA   E OTET			ļ		City	FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its regi									
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SIGNATURE _	Signature, typed	or printed name of registered agent a	and title if applicable. (NO	TE: Registere	d Agent signature required	when reinstating)	<del></del>	DATE	
9. Capital Contributions too 10. Amount of Capital Contributions							11. MAKE CHECK		
as Shown o	Α.	GENERAL PARTNER T	in FLORIDA to a	NTITY M	UST BE REGIST	TERED AND AC	TIVE WITH THIS	OFFICE.	INFORMATION
10	NOTE	GENERAL PARTNER	Y NOT be changed on t	the form	; an amendmen	it must be filed t	to change a gen ADDRESS CHAN	eral partner.	
12. DOCUMENT#	H80044	GENERAL PARTNER	TINFORMATION		CTT ADDROCCO	<u></u>	ADDITEOS CITAM	TOLO CITE	<del></del>
NAME	<b>GULF CO</b>	AST PROPERTY SERVI	CES, INC.		EET ADDRESS		<del></del>		
STREET ADDRESS		OCTOR ROAD FA FL 34277			-ST-ZIP	9000031233795 -02/03/0001110011			
DOCUMENT#				STR	EET ADDRESS		*************************************	<del>/00 011</del> 41.25 *	***141.25
NAME STREET ADDRESS						<del></del>	<u> </u>		
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NAME STREET ADDRESS						<del></del>	<u> </u>	<del></del> -	
CITY-ST-ZIP		8 T. DATE		_	- ST-ZIP				
indicated	on this repo	rt is true and accurate and	this filing does not qualify for that my signature shall have s report as required by Char	the same	e legal effect as if m	ection 119.07(3)(i), nade under oath; th	Florida Statutes, I finat I am a General F	urther certify th Partner of the li	at the information mited partnership
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MERAL PARTNER  Date  Date									