

2001 UNIFORM BUSINESS REPORT (UBR)

0019442 AF

DOCUMENT # A96000001250

1. Entity Name

TAMPA I ASSOCIATES, LTD.

FILED

01 MAR 30 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

15310 AMBERLY DRIVE, SUITE #250
TAMPA FL 33647

Mailing Address

3348 PEACHTREE RD., STE. 675
ATLANTA GA 30326



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0685307

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

SONGY, DAVID B

925 SOUTH FEDERAL HIGHWAY, STE. #325
BOCA RATON FL 33432

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$3,150,000.00

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 # F96000003355
NAME FLORIDA OFFICE CORP.
STREET ADDRESS ONE CHASE MANHATTAN PLAZA
CITY-ST-ZIP NEW YORK NY 10025

STREET ADDRESS

CITY-ST-ZIP

800003995208--2

04/12/01-01116-009

***\$335.00 ***\$335.00

DOCUMENT # A33386
NAME SONGY PARTNERS LIMITED
STREET ADDRESS 3348 PEACHTREE RD., #675
CITY-ST-ZIP BOCA RATON FL 30326

STREET ADDRESS

CITY-ST-ZIP

Atlanta, GA 30326

DOCUMENT #
NAME

STREET ADDRESS

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CITY-ST-ZIP

STREET ADDRESS

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

David B. Songy

3/22/01

Date

(404) 995-8170

Daytime Phone #

CR2E003 (11/00)