

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001250**

1. Entity Name

TAMPA I ASSOCIATES, LTD.

FILED

02 MAR 11 PM 3:43
526-25
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**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

65-0685307

Applied For

Not Applicable

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

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.

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

DOCUMENT # **A33386**
NAME **SONGY PARTHERS LIMITED**
STREET ADDRESS **3348 PEACHTREE RD., #675**
CITY-ST-ZIP **ATLANTA GA-30326**

STREET ADDRESS

CITY-ST-ZIP

Name, spelling
600005108046--7
03/14/02-01048-021
******526.25 ****526.25**

DOCUMENT #
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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

0005270 AT

STAPLE CHECK HERE