

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001290

1. Entity Name
TAB PARTNERS, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY - 1 PM 1:33

Principal Place of Business
2223 Astor Street, TR 7
Orange Park, FL 32073

Mailing Address
2223 Astor Street, TR 7
Orange Park, FL 32073

2. Principal Place of Business
2223 Astor Street, TR 7
Suite, Apt. #, etc.

3. Mailing Address
2223 Astor Street, TR 7
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Orange Park, FL

City & State
Orange Park, FL

4. FEI Number
59-3393448

Applied For
 Not Applicable

Zip
32073

Country
USA

Zip
32073

Country
USA

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

Benefield, Terry A.
2223 Astor Street, TR 7
Orange Park, FL 32073

Name Terry A. Benefield
Street Address (P.O. Box Number is Not Acceptable)
2223 Astor Street, TR 7
City Orange Park FL Zip Code 32073

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. 175,000

10. Amount of Capital Contributions in FLORIDA to date. 175,000

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 Benefield, Terry A.
STREET ADDRESS 2223 Astor Street, TR 7
CITY-ST-ZIP Orange Park, FL 32073

STREET ADDRESS
CITY-ST-ZIP
200003286402--5

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
-06/13/00--01024--010
***526.25 ***526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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: x TAB
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/28/00
Date

904-278-5240
Daytime Phone #

CR2E003 (9/99)