

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A96000002038

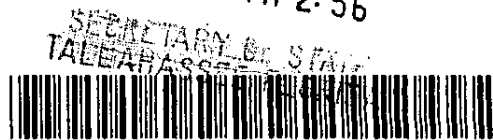
1. Entity Name
TARCORRA ENTERPRISES, LTD.



FILED
03 APR 15 PM 2:56

Principal Place of Business
14606 S.W. 70TH STREET
ARCHER FL 32618

Mailing Address
14606 S.W. 70TH STREET
ARCHER FL 32618



2. Principal Place of Business

3003 SOUTH ATLANTIC AVENUE

3. Mailing Address

3003 SOUTH ATLANTIC AVENUE

Suite, Apt. #, etc.

16 A 1

Suite, Apt. #, etc.

16 A 1

City & State

DAYTONA BEACH SHORES, FL

City & State

DAYTONA BEACH SHORES, FL

Zip

32118

Country

USA

Zip

32118

Country

USA

DUE BY MAY 1, 2003

4. FEI Number 59-3407404

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORR, KEVIN J
14606 S.W. 70TH STREET
ARCHER FL 32618

7. Name and Address of New Registered Agent

Name
CORR, KEVIN J.
Street Address (P.O. Box Number is Not Acceptable)
3003 SOUTH ATLANTIC AVENUE
16 A 1
City
DAYTONA BEACH SHORES FL Zip Code
32118

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. I am familiar with, and accept the obligations of registered agent.

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

2/11/03
DATE

9. Capital Contributions
as Shown on record. \$3,500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT # P96000074511
NAME TARCORRA ENTERPRISES, INC.
STREET ADDRESS 14606 S.W. 70TH STREET
CITY-ST-ZIP ARCHER FL 32618

13. ADDRESS CHANGES ONLY

STREET ADDRESS 3003 SOUTH ATLANTIC AVENUE 16 A 1
CITY-ST-ZIP DAYTONA BEACH SHORES FL 32118

DOCUMENT #
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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

2/11/03
Date

386-767-6978
Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE