

# 2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

0017214 AT

DOCUMENT # A96000002167

1. Entity Name

TROPICAL ISLE, LTD.

02 APR -8 PM 3:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

10610 METRIC, SUITE 190  
DALLAS TX 75243

Mailing Address

10610 METRIC, SUITE 190  
DALLAS TX 75243



2. Principal Place of Business

1805 Royal Lane S#103  
Suite, Apt. #, etc.  
Dallas, Texas 75229  
City & State

3. Mailing Address

1805 Royal Lane S#103  
Suite, Apt. #, etc.  
Dallas, Texas 75229  
City & State

DUE BY MAY 1, 2002

4. FEI Number

59-3412747

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

SULLIVAN, MICHAEL J ESQUIRE  
111 NORTH ORANGE AVE.  
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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.

DATE

9. Capital Contributions  
as Shown on record.

\$3,600,000.00

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

DOCUMENT # P96000053102  
NAME NOBLE-KIDD CORPORATION  
STREET ADDRESS 10610 METRIC, SUITE 190  
CITY-ST-ZIP DALLAS TX 75243

DOCUMENT # F96000006181  
NAME API INVESTMENTS, INC.  
STREET ADDRESS 4949 WESTOWN PARKWAY, SUITE 245  
CITY-ST-ZIP WEST DES MOINES IA 50266-1066

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100005234571-6  
-04/10/02-01018-023  
\*\*\*526.25 \*\*\*526.25

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:

*Richard A. ...*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/22/02

972-444-9300

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE