

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017374 AT

DOCUMENT # A96000002167

1. Entity Name
TROPICAL ISLE, LTD.



FILED
03 FEB 12 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1805 ROYAL LANE S #103
DALLAS TX 75229

Mailing Address
1805 ROYAL LANE S #103
DALLAS TX 75229

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, 2003

4. FEI Number 59-3412747

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

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

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

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 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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

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

STREET ADDRESS

CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

02/03/03 (972)444-9300 ext 11

CR2E003 (10/02)

STAPLE CHECK HERE