

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000002180**

1. Entity Name

**CHRISTIAN TYLER PROPERTIES, LTD.**

**FILED**

**01 MAY -7 AM 11:48**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

141.2



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>3001 N. ROCKY POINT DRIVE EAST, SUITE 200 TAMPA FL 33607</b>	Mailing Address <b>3001 N. ROCKY POINT DRIVE EAST, SUITE 200 TAMPA FL 33607</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-3414101</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>EICHOLTZ, KIRK D 3001 N. ROCKY POINT DRIVE EAST, SUITE 200 TAMPA FL 33607</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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9. Capital Contributions as Shown on record. <b>\$99.00</b>	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 #	<b>L96000001238</b>	STREET ADDRESS	
NAME	<b>CHRISTIAN TYLER PROPERTIES IV, L.C.</b>	CITY-ST-ZIP	<b>000004376550--2</b>
STREET ADDRESS	<b>3001 N. ROCKY POINT DRIVE EAST, SUITE 200</b>		<b>-06/07/01--01123--021</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>		<b>***382.50 ***141.25</b>
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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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**

**4-26-01**

**813-281-4801**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #