

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 PM 1:07

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000416

TBI/NAPLES LIMITED PARTNERSHIP



Mailing Address

3103 PHILMONT AVENUE
HUNTINGDON VALLEY PA 19006

Principal Office Address

3103 PHILMONT AVENUE
HUNTINGDON VALLEY PA 19006

3. Date Formed or Registered

02/13/1997

5a. Capital Contributions as
Shown on record

\$9,500.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date

\$9,500.00

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. State or Country of Formation

FL

6. FEI Number

23-2883354

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

SCHMIDT, WILLIAM N
190 OLD COUNTRY ROAD
WEST PALM BEACH FL 33414

10. If changed, new Registered Agent/Office

Name

400002360604--5

Street Address (P.O. Box Number is Not Accepted)

12/02/97-01045-015

Suite, Apt. #, etc.

****170.25 ****170.25

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

TOLL FL GP CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

3103 PHILMONT AVENUE

11b. City, State & Zip Code

HUNTINGDON VALLEY PA

11c. Registration/
Document Number

P94000082800

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

TOLL FL GP CORP.

DATE

11/20/97

Typed or Printed Name of General Partner Signing Form By: Kenneth J. Gary, VP

Daytime Telephone Number (215) 938-8043

CR2E003 (6/97)