

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # A97000000416

1. Entity Name
TBI/NAPLES LIMITED PARTNERSHIP



Principal Place of Business
3103 PHILMONT AVENUE
HUNTINGDON VALLEY, PA 19006

Mailing Address
3103 PHILMONT AVENUE
HUNTINGDON VALLEY, PA 19006

ASK

FILED
05 APR 29 PM 5:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
250 Gibraltar Road

3. Mailing Address
250 Gibraltar Road



Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242005 Chg-LP CR2E003 (10/03)

City & State
Horsham, PA 19044

City & State
Horsham, PA

4. FEI Number
23-2883354

Applied For
Not Applicable

Zip
19044

Country
Montgomery

Zip
19044

Country
Montgomery

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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. **\$9,500.00**

10. Amount of Capital Contributions
in FLORIDA to date. **\$9,500.00**

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 # **P94000082800**
NAME **TOLL FL GP CORP.**
STREET ADDRESS **3103 PHILMONT AVENUE**
CITY-ST-ZIP **HUNTINGDON VALLEY, PA 19006**

STREET ADDRESS **250 Gibraltar Road**
CITY-ST-ZIP **Horsham, PA 19044**

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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:

Mark J. Warshawer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Mark J. Warshawer, VP of Toll FL GP Corp., General Partner

4/07/05

Date Daytime Phone #

STAPLE CHECK HERE