

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 17, 2007 08:00 AM
Secretary of State

DOCUMENT # A97000000416

1. Entity Name
TBI/NAPLES LIMITED PARTNERSHIP



Principal Place of Business
**250 GIBRALTAR ROAD
HORSHAM, PA 19044**

Mailing Address
**250 GIBRALTAR ROAD
HORSHAM, PA 19044**



04062007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2883354	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00**

**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

DOCUMENT #	P94000082800
NAME	TOLL FL GP CORP.
STREET ADDRESS	250 GIBRALTAR ROAD
CITY-ST-ZIP	HORSHAM, PA 19044

DOCUMENT #	
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CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

U000000713255
04/26/07-80083-003 500.00

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**Mark J. Warshauer, VP of
Toll FL GP Corp., General Partner**

4/09/07

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE