2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000685

1. Entity Name

TBI/PALM BEACH LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR -6 PM 6:29

Principal Place of Business	Mailing Address
3103 PHILMONT AVENUE HUNTINGDON VALLEY PA 19006	3103 PHILMONT AVENUE HUNTINGDON VALLEY PA 19006-4225

DO NOT WRITE IN THIS SPACE

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 23-2891601 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	$9,500.00	10. Amount of Capital Contributions in FLORIDA to date.	$9,500.00	11. MAKE CHECK PAYABLE TO 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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	P94000082800 TOLL FL GP CORP. 3103 PHILMONT AVENUE HUNTINGDON VALLEY PA 19006	STREET ADDRESS / CITY-ST-ZIP	500003178765--3 -03/22/00--01005--004 ****155.25 ****155.25
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CR2E003 (9/99)

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: TOLL FL GP CORP. Kenneth J. Gary, Vice President — SIGNATURE REQUIRED — 3/01/00 — (215) 938-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #