2001 UNIFORM BUSINESS REPORT (UBR)

0015854 AF

DOCUMENT # A97000000685

1. Entity Name

TBI/PALM BEACH LIMITED PARTNERSHIP

FILED

01 APR 25 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

City: Plantation **FL** Zip Code: 33324

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: Connie Bryan CONNIE BRYAN SPECIAL ASSISTANT SECRETARY 4/25/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$9,500.00	$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	STREET ADDRESS	
NAME	TOLL FL GP CORP.	CITY-ST-ZIP	
STREET ADDRESS	3103 PHILMONT AVENUE		900004133909--9
CITY-ST-ZIP	HUNTINGDON VALLEY PA 19006		-05/07/01--01130--023
DOCUMENT #		STREET ADDRESS	****155.25 ****155.25
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DOCUMENT #	AR 66.50	STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS	AMEND 85.75		
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STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 Kenneth J. Gary, VP of Toll FL GP Corp., General Partner 4/19/01 (215) 938-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #