2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000000685

1. Entity Name
TBI/PALM BEACH LIMITED PARTNERSHIP

FILED
2004 APR 26 AM 9:26
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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04062004 Chg-LP CR2E003 (10/03)

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	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) ~~000036278928~~ Em 05/14/04--01003--002 **~~??.??~~ 155.25 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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

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	STREET ADDRESS	
NAME	TOLL FL GP CORP.		
STREET ADDRESS	3103 PHILMONT AVENUE	CITY-ST-ZIP	~~B05 4500453 100900796~~ ~~DEPOSIT ONLY 155.25~~ ~~05/14/04 01003 002~~
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

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: ______________________ 4/15/04 (215) 938-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

Kenneth J. Gary, Sr. VP of Toll FL GP Corp.