

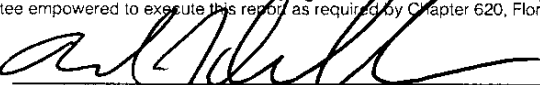
2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 29 PM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A97000000685					
1. Entity Name TBI/PALM BEACH LIMITED PARTNERSHIP					
Principal Place of Business 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006			Mailing Address 3103 PHILMONT AVENUE HUNTINGDON VALLEY, PA 19006		
2. Principal Place of Business 250 Gibraltar Road Suite, Apt. #, etc.		3. Mailing Address 250 Gibraltar Road Suite, Apt. #, etc.			
City & State Horsham, PA		City & State Horsham, PA		4. FEI Number 23-2891601	
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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			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. 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	250 Gibraltar Road	
NAME	TOLL FL GP CORP.		CITY-ST-ZIP	Horsham, PA 19044	
STREET ADDRESS	3103 PHILMONT AVENUE				
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006				
DOCUMENT #			STREET ADDRESS	500055192805	
NAME			CITY-ST-ZIP	05/24/05--01062--002 **155.25	
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					
DOCUMENT #			STREET ADDRESS		
NAME			CITY-ST-ZIP		
STREET ADDRESS					
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 			Date 4/07/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Mark J. Warshauer, VP of Toll FL GP Corp., General Partner			Daytime Phone #		

STAPLE CHECK HERE