

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017911 AB

DOCUMENT # A97000000685

1. Entity Name
TBI/PALM BEACH LIMITED PARTNERSHIP



FILED

03 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DUE BY MAY 1, 2003

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)

400017632484

05/01/03--01003--003 **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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 FL. 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 # P94000082800
NAME TOLL FL GP CORP.
STREET ADDRESS 3103 PHILMONT AVENUE
CITY-ST-ZIP HUNTINGDON VALLEY PA 19006

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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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

Kenneth J. Gary, Sr. VP

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Toll FL GP Corp.,
General Partner

4/25/03

(215) 9938-8000

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE