

1. Name of Limited Partnership

FILED 00 DEC 13 PM 5: 00 SECRETARY OF STATE TALLAHASSEE, FLORIDA | The company of th

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Т.Т.	Pembroke Pine	s Associate	s, LTD.					
2. Principal Office Address 621 NW 53 Street		3. Mailing Office Address 621 NW 53 Street		4	4. Date Formed or Registered To Do Business in Florida 04/29/1997			
Suite, Apt. #, etc. Suite 450		Suite, Apt. #, etc. Suite 450			650749772		Applied For Not Applicable	
City & State Boca Raton, FL		City & State Boca Raton, FL		L	CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status			
Zip 33487	Country USA	Zip 33487	Country	<u> </u>	7a. Capital Contributions as shown on Record: \$1,000.00 7b. Amount of Capital Contributions in FLORIDA to date:			
8. Name and Address of Current Registered Agent					\$1,000.00			
Ira L. Young, Esq. Street Address (P.O. Box Number is Not Acceptable) 621 NW 53 Street Suite, Apt. #. Etc. Suite 450 City Boca Raton State Zip Code FL 33487				3.	 Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. 			
9. Pursuant to the provisions of sections 620 1051 and 620 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)								
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
10. Name(s) of Ge	eneral Partner(s)	Address of Each (Do NOT Use Post O			City, State and Zip Code		Registration ument Number	
T.T. GP F	Holdings, Inc.	621 NW 53 Suite 450	Street	Boca 3348	Raton, FL	P960000	64297	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as requiring by chapter 620, Florida Statutes.

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SIGNATURE .

Alfred R. Typed or Printed Name of General Pertner Signing Form

DATE 10 - 19 - 200 0

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Telephone Number 800-275-1235

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