2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUME	NIT #	A970	DDDDD	1122	

1. Entity Name TELLOR FAMILY PARTNERSHIP, LTD.



FILED 2003 APR 21 PM 1:49

Principal Place of Business 6411 66TH AVENUE NORTH PINELLAS PARK FL 33781			Mailing Address 6411 66TH AVENUE NORTH PINELLAS PARK FL 33781			DIVIJION OF CORPORATIONS I ALLAHASSEE, FLORIDA	
2. Principal F	Place of Busin	ness	3. Mailing Address 430/ PAR	K Bo	ULEVARD		
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DUE BY MAY 1, 2003	
City & Stat	te		PINELLAS PA	IRK	F	4. FEI Number 59-3446029 Applied For Not Applicable	
Zip		Country	Zip 3378/	Pin	ntry OB2643	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name	and Address of Current I	Registered Agent			7. Name and Address of New Registered Agent	
TELLOR,	ELIZABETH	М		~ -	Name		
6411 66TI	H AVENUE	NORTH			Street Address	s (P.O. Box Number is Not Acceptable)	
PINELLAS	PARK FL	33781	•		<u> </u>		
,					City	FL Zip Code	
	named entit tions of regist		the purpose of changing it	ts register	red office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Cignotus None	or printed name of registered agent a	nd title if emplinable			DATE	
9. Capital Co		\$1,200,000.00	10. Amount of Cap	ital Contr	ibutions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
as Shown			in FLORIDA to			SEE REVERSE SIDE FOR FEE INFORMATION	
1						STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.		GENERAL PARTNER		13.		ADDRESS CHANGES ONLY	
DOCUMENT #	TELLOR	ELIZABETH		STR	EET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	6411 66TI	AVENUE NORTH PARK FL 33781		CITY	Y-ST-ZIP		
DOCUMENT #				_		300016398783	
NAME	TELLOR, PHYLLIS M			STR	EET ADORESS	04/21/0301069001 **526.25	
STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP			
DOCUMENT # NAME	P9700004 TELLOR A	2498 .SSOCIATES, INC.		STR	EET ADDRESS		
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14 Lharaby	nortifu that the	والانتيارة والمورية ووالمورية	this filing does not suglify f	or the eve	motion stated in C	Section 110 07/3/6). Florido Statutos I further cortifu that the information	

I nereby 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:

STAPLE CHECK HEHE

BLIZABETH [BLOW Y17/03

CR2E003 (10/02)