

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001139**

1. Entity Name
3520 TRYON MORTGAGE HOLDINGS LTD.



Principal Place of Business
**1773 WILTSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

Mailing Address
**1773 WILTSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

APPROVED
AND
FILED

03 FEB 17 AM 10:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 **65-0755780**

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 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

DATE

9. Capital Contributions
as Shown on record.

\$220,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$220,000.

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 # **M98000001546**
NAME **TRYON AVENUE MORTGAGE LLC**
STREET ADDRESS **1773 WILTSHIRE VILLAGE DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

STREET ADDRESS

CITY-ST-ZIP

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02/17/03--01051--002 **535.00

CR2E003 (10/02)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statute

Michael Sherry February 11, 2002 (914) 793-1793 X22

SIGNATURE: *Michael Sherry* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #