2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97-1838

1. Entity Name

Bromley Tampa Investors, Ltd.

FILED
00 OCT 24 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business | Mailing Address

2. Principal Place of Business	3. Mailing Address 3725 W. GRACE ST.
3725 W. Grace St.	~~8006 E. Sligh Avenue~~
Suite, Apt. #, etc. Suite 100	Suite, Apt. #, etc. SUITE 100
City & State Tampa, FL	City & State Tampa, FL
Zip 33607 / Country U.S.A.	Zip 33607 / Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3464553 — 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
Neil S. Schecht, P.A. 2909 W. Bay to Bay Blvd. Tampa, FL 33629	Name LANGFORD & HILL Street Address (P.O. Box Number is Not Acceptable) 1715 W. CLEVELAND ST. City TAMPA FL Zip Code 33606

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.

SIGNATURE [signature] Edward A. Hill 8/16/00
Signature (typed or printed name of registered agent and title if applicable). (NOTE: Registered agent signature required when reinstating.) DATE
Edward A. Hill, Sec. Langford & Hill, P.A.

9. Capital Contributions as Shown on record:

10. Amount of Capital Contributions in FLORIDA to date:

11. **MAKE CHECK PAYABLE TO 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 #	P97000073040	STREET ADDRESS	
NAME	Bromley Tampa, Inc.	CITY-ST-ZIP	400 late fee
STREET ADDRESS	3725 W. Grace Street Ste 100	STREET ADDRESS	141.25
CITY-ST-ZIP	Tampa, FL 33607	CITY-ST-ZIP	541.25
DOCUMENT #		STREET ADDRESS	900003446789--5
NAME			-11/01/00--01049--003
STREET ADDRESS		CITY-ST-ZIP	****400.00 ****400.00
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900003446789--5
STREET ADDRESS			-11/01/00--01049--004
CITY-ST-ZIP			****141.25 ****141.25
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT #		CITY-ST-ZIP	
NAME			
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: [signature] Richard Sharken, V.P. 8/16/00 212807744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (9/99)