

FLORIDA DEPARTMENT OF STATE
Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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. Name of Limited Partnership

SIGNATURE.

BROMLEY TAMPA INVESTORS LID

**600023957826** 10/21/03~-01006~-003 \*\*641.25

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2. Principal Office Address	3. Mailing Office Address	4. Date Formed or Registered					
3725 W. GRACE ST.	120 BAFTH AVE	To Do Business in Florida					
Suite, Apt. #, e.c.	Suite, Apt. #, etc.	5. FEI Number Applied For					
<b>T</b>	-ITH FLOOR	- 59-3464553 Not Applicable					
City & State	City & State	6. CERTIFICATE OF STATUS DESIRED : \$8.75 Additional Fee require for a Certificate of Status					
TAMPA	-NEW-YORK-NY	itti a Certificate of Status					
Zip Country	Zip Country	7a. Capital Contributions as shown on Record:					
33607 USA	10011 USA	75					
8. Name and Addre	ss of Current Registered Agent	7b. Amount of Capital Contributions in FLORIDA to date:					
Name	<del> </del>						
G. LANGFORD		1.) 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 gach year due this office.					
Street Address (P.O. Box Number is Not Accepta	(ble)						
	VELKOD ST.	Supplemental Fee(s): \$88.75 for <u>each year due</u> this office, beginning with 1992 calendar year.					
Suite, Apt. #, Etc.		3.) Penaity Fee(s): \$500 penaity fee for each year report form is due.					
City	State Zip Code	<ul> <li>Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate</li> </ul>					
TAMPA	FL   3360b	and appropriate filing fee.					
9. Pursuant to the provisions of sections 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)  OATE  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 General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code  10a. Registration Document Number					
BROMLEY TAMPA IN	C. 3725 W. GRACE ST.	TAMPA, FL. 33606 PQT - 7304					
	DT 1016						
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Note: Company partners MAY NOT be abased on this forms on amondment must be filed to the second of the second on the forms on amondment must be filed to the second of the							
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
11. 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 emoowered to execute this report as required by shapter 620, Florida Statutes.							