

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000180

1. Entity Name
TSCPR FAMILY PARTNERSHIP #3, LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 APR 30 AM 9:45

Principal Place of Business
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

Mailing Address
% THE SEMBLER COMPANY
P.O. BOX 41847
ST. PETERSBURG FL 33743-1847



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 59-3489390

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

SHER, CRAIG
5858 CENTRAL AVENUE
ST. PETERSBURG FL 33707

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. \$517,025.00

10. Amount of Capital Contributions
in FLORIDA to date. 687,004.00

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 # P97000081031
NAME TSCPR FLORIDA, INC.
STREET ADDRESS 5858 CENTRAL AVENUE
CITY-ST-ZIP ST. PETERSBURG FL 33707

STREET ADDRESS

CITY-ST-ZIP

900018294329
05/06/03--01062--003 **535.00

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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 of Michael
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
MICHAEL S. SEMBLER, PRESIDENT

4/28/03
Date

727-384-6000
Daytime Phone #

0014067 AT

CR2E003 4/0/02

STAPLE CHECK HERE