

# 2001 UNIFORM BUSINESS REPORT (UBR)

0001626 AF

DOCUMENT # A98000000236

1. Entity Name

TANNER ROAD LIMITED PARTNERSHIP

Principal Place of Business

1031 WEST MORSE BOULEVARD, SUITE 325  
WINTER PARK FL 32789

Mailing Address

1031 WEST MORSE BOULEVARD, SUITE 325  
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HADLEY, RALPH V III ESQ  
1031 WEST MORSE BOULEVARD, SUITE 270  
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$761,000.00

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

DOCUMENT # L00000000027  
NAME TANNER ROAD MANAGEMENT, L.L.C.  
STREET ADDRESS 1031 WEST MORSE BLVD., SUITE 325  
CITY-ST-ZIP WINTER PARK FL 32789

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CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

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CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3/5/01

(407)  
645 4400

FILED

01 MAR -9 PM 12:25

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

CR2E003 (11/00)