

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # A98000001647

1. Entity Name

TFJT LIMITED PARTNERSHIP

FILED

01 MAY 25 PM 4:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

MJM

Principal Place of Business

Mailing Address

1594 S. DIXIE HWY.  
CORAL GABLES FL 33146-3001

1594 S. DIXIE HWY.  
CORAL GABLES FL 33146-3001

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3532120

Applied For

Not Applicable

Zip

Country

Zip

Country

33197-1818 MIAMI-DADE

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

TIPTON, THOMAS FRANK JR.  
1594 SOUTH DIXIE HIGHWAY  
CORAL GABLES FL 33146

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.

\$2,500,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

\$1,200,000.00

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 #  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
TIPTON, THOMAS FRANK JR.  
1594 SOUTH DIXIE HIGHWAY  
CORAL GABLE FL 33146

STREET ADDRESS  
CITY - ST - ZIP  
423 THUNDER THOROUGHFARE  
KEY LARGO, FL 33039-3906

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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:

THOMAS FRANK TIPTON JR.  
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/01 305-852-7437

Date

Daytime Phone #

CR2E003 (11/00)