


# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT #</b> A98000002395	
1. Entity Name TKL INVESTMENTS, LTD.	

FILED

2003 MAY -2 PM 3: 27

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



Principal Place of Business 1071 8TH AVENUE GRACEVILLE FL 32440	Mailing Address 1071 8TH AVENUE GRACEVILLE FL 32440
2. Principal Place of Business	3. Mailing Address

Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>DUE BY MAY 1, 2003</b>	
City & State	City & State	4. FEI Number 59-3540546	Applied For Not Applicable
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent  LOWMAN, WILLIAM R JR. 315 EAST ROBINSON STREET, SUITE 600 ORLANDO FL 32801	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$757,999.00	10. Amount of Capital Contributions in FLORIDA to date. 763,999.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	P98000088804 TKL PROPERTY MANAGEMENT, INC. 1071 8TH AVENUE GRACEVILLE FL 32440	STREET ADDRESS CITY-ST-ZIP	
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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:** Charlotte J. Owens [Charlotte J. Owens] April 3, 2003 850-263-4549  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

0007006 AT

STAPLE CHECK HERE