

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99-360**
 1. Entity Name
Turchan Two Family United Partnership

FILED
 01 MAY 11 PM 12:31

Principal Place of Business Mailing Address
Co Truscello Foods LLC SAME
7880 N.W. 62 Street
Miami, Fla 33146-3590

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business 3. Mailing Address
SAME SAME
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SAME

DO NOT WRITE IN THIS SPACE

City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0788865 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Thomas P. Turchan, Jr
211 Eden Road
Palm Beach, Fl. 33480

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  DATE

9. Capital Contributions as Shown on record. **\$50,000.**

10. Amount of Capital Contributions in FLORIDA to date. **\$50,000.**

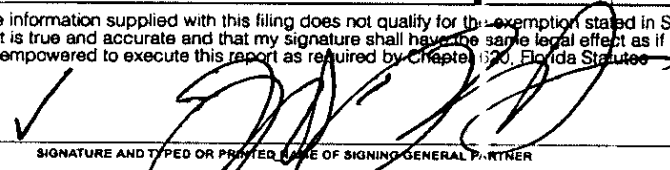
11. MAKE CHECK PAYABLE TO: DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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 #	TPT Corporation
NAME	7880 N.W. 62 St
STREET ADDRESS	Miami, Fla 33146-3590
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	200004220142--4
CITY-ST-ZIP	-05/16/01--01080--009
	***438.75 ***438.75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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:  DATE **4/26/01** Daytime Phone # **305/592-5070**

CR2E003 (11/00)