

FILED

03 MAY -7 PM 1:30

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A99000001081 1. Entity Name TPC NATIONS, LTD.																																																											
Principal Place of Business 2601 S. BAYSHORE DRIVE, #700 MIAMI, FL 33133		Mailing Address 2601 S. BAYSHORE DRIVE, #700 MIAMI, FL 33133																																																									
2. Principal Place of Business 1111 BRICKELL AVE Suite, Apt. #, etc. SUITE 2910 City & State MIAMI FL Zip 33131 Country USA		3. Mailing Address 1111 BRICKELL AVE Suite, Apt. #, etc. 2910 City & State MIAMI FL Zip 33131 Country USA																																																									
4. FEI Number 65-0932391		Applied For ☐ Not Applicable																																																									
5. Certificate of Status Desired ☒ 88.75 Additional Fee Required		6. Name and Address of Current Registered Agent ANDREW R. WEISS 2601 S. BAYSHORE DRIVE, #700 MIAMI, FL 33133																																																									
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) 1111 BRICKELL AVE Suite, Apt. #, etc. SUITE 2910 City MIAMI FL Zip Code 33131		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 date if applicable.																																																									
9. Capital Contributions as Shown on record. \$1,521,135.00		10. Amount of Capital Contributions in FLORIDA to date.																																																									
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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">DOCUMENT #</td> <td>P99000060096</td> </tr> <tr> <td>NAME</td> <td>TPC NATIONS, INC.</td> </tr> <tr> <td>STREET ADDRESS</td> <td>2601 S. BAYSHORE DRIVE, #700</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>MIAMI, FL 33133</td> </tr> </table>		DOCUMENT #	P99000060096	NAME	TPC NATIONS, INC.	STREET ADDRESS	2601 S. BAYSHORE DRIVE, #700	CITY - ST - ZIP	MIAMI, FL 33133	13. ADDRESS CHANGES ONLY <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">STREET ADDRESS</td> <td colspan="3">1111 BRICKELL AVE #2910</td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="3">MIAMI FL 33131</td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="3"></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td colspan="3"></td> </tr> </table>		STREET ADDRESS	1111 BRICKELL AVE #2910			CITY - ST - ZIP	MIAMI FL 33131			STREET ADDRESS				CITY - ST - ZIP				STREET ADDRESS				CITY - ST - ZIP				STREET ADDRESS				CITY - ST - ZIP				STREET ADDRESS				CITY - ST - ZIP				STREET ADDRESS				CITY - ST - ZIP			
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14. I hereby certify that the information supplied with this form does not qualify for the exemption stated in Section 119.07(3)(f), 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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER DARRELL W. PARMENTER		Date 4/25/03 Daytime Phone # 305/379-2500																																																									

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