DOCUMENT # A9900001386 TIVOLI ORLANDO ASSOCIATES, LTD.				FILED OI APR 16 PM 4: 52		
Principal Place of Business Mailing Address					TĂLLATIASSEE, FLORIDA	
2801 S.W. ARCHER ROAD GAINESVILLE FL 32608		2801 S.W. ARCHER ROAD GAINESVILLE FL 32608				
2. Principal Pl	ace of Business	3. Mailing Address				
·						
Suite, Apt. #, etc. Suite, Ap			Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State		City & State			4. FEI Number	
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curre	nt Registered Agent		Name	7. Name and Address of New Registered Agent	
FMMER P	HII IP I					
EMMER, PHILIP I 2801 S.W. ARCHER ROAD GAINESVILLE FL 32608				Street Address (P.O. Box Number is Not Acceptable)		
				City FL Zip Code		
9. Capital Co as Shown	on record.	10. Amount of in FLORI	of Capital Contr DA to date.	<i>ୁ</i> ଧଧ	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION SISTERED AND ACTIVE WITH THIS OFFICE.	
40	NOTE: General Partners	MAY NOT be change	d on the form	n; an amendm	nent must be filed to change a general partner.	
12.	P97000041865	NER INFORMATION	13	REET ADDRESS	ADDRESS CHANGES ONLY	
NAME STREET ADDRESS	THE TIVOLI 2900 CORP. 2801 S.W. ARCHER ROAD		. 311	TEET AUUNESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		CIT	Y-ST-ZIP	FF\$526.25	
DOCUMENT # NAME			STI	REET ADDRESS	400004054704—-5	
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DOCUMENT # NAME			ST	REET ADDRESS		
STREET ADDRESS CITY ST-ZIP			C1	TY-ST-ZIP		
NAME			ST	TREET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			GI	TY-ST-ZIP		
indicate	certify that the information supplied d on this report is true and accurate iver or trustee empowered to execut	and that my signature sh	nall have the sai	me legal effect as	in Section 119.07(3)(i), Florida Statutes. I further certify that the information is if made under oath; that I am a General Partner of the limited partnership os s	

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER