

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A99000002059

1. Entity Name
TROUP MANAGEMENT GROUP LIMITED

Principal Place of Business Mailing Address

2. Principal Place of Business
420 The Circle
Suite, Apt. #, etc.

3. Mailing Address
420 The Circle
Suite, Apt. #, etc.

City & State
Longwood, FL
Zip
32779
Country
U.S.

City & State
Longwood, FL
Zip
32779
Country
U.S.

4. FEI Number
59-3614411
Applied For
Not Applicable

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

Name
Paul V. Troup, Jr.
Street Address (P.O. Box Number is Not Acceptable)
420 The Circle
City
Longwood FL Zip Code
32779

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. 3,000,000.00 10. Amount of Capital Contributions in FLORIDA to date. 2,555,394 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 #	Troup Management LLC	STREET ADDRESS	420 The Circle
NAME		CITY-ST-ZIP	Longwood, FL 32779
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	100003229251--7
DOCUMENT #		STREET ADDRESS	-04/28/00--01036--017
NAME		CITY-ST-ZIP	****526.25 ****526.25
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CITY-ST-ZIP		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 Troup Management Group Limited TROUP MANAGEMENT GROUP LIMITED 4/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 APR 17 AM 11:43

Wf

DO NOT WRITE IN THIS SPACE

CR2E003 (9/99)