

2002 UNIFORM BUSINESS REPORT (UBR)

0010946 AT

DOCUMENT # B01000000130

1. Entity Name

T-FORMATION FUND I, LIMITED PARTNERSHIP

FILED

02 APR 25 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

608 N.E. 13TH AVE.
FT. LAUDERDALE FL 33304

Mailing Address

608 N.E. 13TH AVE.
FT. LAUDERDALE FL 33304

2. Principal Place of Business

3. Mailing Address

P.O. Box 2160

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

FT. LAUDERDALE FL

4. FEI Number

65-1092160

Applied For

Not Applicable

Zip

Country

Zip

33303

Country

US

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 -

EMT INVESTMENTS, INC.
608 N.E. 13TH AVE.
FT. LAUDERDALE FL 33304

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$2,000,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

425,000

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

13. ADDRESS CHANGES ONLY

DOCUMENT # P01000024285
NAME EMT INVESTMENTS, INC.
STREET ADDRESS 608 N.E. 13TH AVE.
CITY-ST-ZIP FT. LAUDERDALE FL 33304

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4/8/2002 954684-0311

CR2E003 (9/01)