


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED
Jul 29, 2004 08:00 AM
Secretary of State

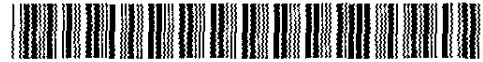
DOCUMENT # B02000000431

1. Entity Name
TAMPA BAY GROUND LEASE SECOND TIER LIMITED PARTNERSHIP



Principal Place of Business
**270 COMMERCE DRIVE
 ROCHERSTER, NY 14623**

Mailing Address
**270 COMMERCE DRIVE
 ROCHERSTER, NY 14623**



2. Principal Place of Business
 Suite, Apt. #, etc

3. Mailing Address
 Suite, Apt #, etc

City & State
 Zip Country

07072004 Chg-LP CR2E003 (10/03)

4. FEI Number
74-3073527

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record **\$1,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **0**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

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 #	F02000006386	STREET ADDRESS	
NAME	TAMPA BAY GROUND LEASE SECOND TIER PARTNER	CITY-ST-ZIP	
STREET ADDRESS	270 COMMERCE DRIVE		
CITY-ST-ZIP	ROCHERSTER, NY 14623		
DOCUMENT #		STREET ADDRESS	U00000168825
NAME		CITY-ST-ZIP	07/29/04-800008-020 141.25
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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:  DATE: **7/19/2004** **588 359 3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER