LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B02000000431

1. Entity Name

TAMPA BAY GROUND LEASE SECOND TIER LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUN 30 PM 4:19

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Tampa Bay Ground Lease Second Tier L.P.	Tampa Bay Ground Lease Second Tier L.P.
Suite, Apt. #, etc. 270 Commerce Drive	Suite, Apt. #, etc. 270 Commerce Drive
City & State Rochester, N.Y.	City & State Rochester, N.Y.
Zip 14623 Country USA	Zip 14623 Country USA

DUE BY MAY 1

4. FEI Number 74-3073527 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CT Corporation Systems

Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd.

City Plantation FL Zip Code 33324

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. $ 0

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

11. MAKE CHECK PAYABLE TO FL. 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

DOCUMENT #		STREET ADDRESS	
NAME	Tampa Bay Ground Lease Second Tier GP C	CITY-ST-ZIP	600018035396 05/06/03--01033--026 **52.50
STREET ADDRESS	270 Commerce Drive		
CITY-ST-ZIP	Rochester, NY 14623		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	600018035396 06/30/03--01073--006 **355.00
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CITY-ST-ZIP			

CR2E003B (12/02)

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)(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: William Sondericker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #