LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

B02000000438

1. Entity Name

TAMPA BAY GROUND LEASE LIMITED PARTNER



DIVISION OF CORPORATIONS

03 JUN 30 PM 4: 19

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address							DO NOT WRITE IN THIS SPACE		
Tampa Bay Graind Lease L.P. Tampa Bay Graind Lease L.P. Suite Apt. #, etc.									
270 Commerce Drive 270 Comme						Drive		DUE BY MAY 1	
Rochester, N.Y. Rochester, N.Y.						١		4. FEI Number Applied For Not Applicable	
Zip	3	Country	14	ිලුව	Col	ontry USA.		5. Certificate of Status Desired	
						7. Name and Address of Current Registered Agent			
						Name CT Corporation Systems			
DO NOT WRITE.						Street Address (P.O. Box Number is Not Acceptable)			
. IN THIS SPACE									
IN THIS STAGE						1200 : South Pine Island Rd.			
Assume the second of the particle contains the containing the second of							City Plantation 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									
Signature, typed or printed the paragraph agent and title if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions / 11. MAKE CHECK PAYABLE								11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
as Shown	on record.	\$ \Q'		in FLORID		\$	\mathcal{Q}	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 PARTI	IER INFOR	MATION		and the second			
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14. I hereby o	ertify that the	information supplied w	ith this filin	g does not qua	lify for the ex	emption stated	d in Sec	ection 119.07(3)(i), Florida Statutes. I further certify that the information	

14. Thereby 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:

STAPLE CHECK HERE

ATTER AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNE

Date

Daytime Phone #