

# **2012 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B05000000424

Entity Name: TB ISLE RESORT LP

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

19950 WEST COUNTRY CLUB DRIVE  
TENTH FLOOR  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

19950 WEST COUNTRY CLUB DRIVE  
TENTH FLOOR  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-3575699

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**GENERAL PARTNER INFORMATION:**

Document #:

Name: TB ISLE RESORT GP, LLC

Address: 19950 WEST COUNTRY CLUB DRIVE, TENTH FLOOR

City-St-Zip: AVENTURA, FL 33180

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY SOFFER

MGRM

05/01/2012

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date