781-934-9000

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # B9400000132 1. Entity Name CORAL-TGFYE, LTD.				FILED		
					SECRETARY OF STATE DIVISION OF CORPORATIONS	
N. C. A.L.					OO APR 12 PH 4: 40	
Principal Place of Business 32 LOOCKERMAN SQUARE, SUITE L-100 DOVER DE 19901		Mailing Address C/O R. FOWNES 160 POWDER POINT AVE DUXBURY MA 02332-3935				
2. Principal Place of Business		3. Mailing Address				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State	Ð	City & State			4. FEI Number 04-3218520 Applied For Not Applicable	
Zip	Country	Zip	Count	ry	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Curren	t Registered Agent			7. Name and Address of New Registered Agent	
				Name	_	
MADIGAN, TERRELL C 206 SOUTH ADAMS STREET TALLAHASSEE FL 32301			<u> </u>	Street Address	is (P.O. Box Number is Not Acceptable)	
INDUIT I DECEMBER OF THE STATE				City FL Zip Code		
8. The above	named entity submits this statement	for the purpose of changing its	registere	d office or regist	stered agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT	E: Registered	Agent signature requi	uired when reinstating) DATE	
9. Capital Co as Shown		10. Amount of Capit in FLORIDA to d		outions	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION	
	A GENERAL PARTNER	THAT IS A BUSINESS EN	ITITY MO	JST BE REGI	STERED AND ACTIVE WITH THIS OFFICE. ent must be filed to change a general partner.	
12.	GENERAL PARTN		13.	an amendin	ADDRESS CHANGES ONLY	
DOCUMENT# NAME	F94000001815 TGFYE, INC.		STREE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP	32 LOOCKERMAN SQUARE, SI DOVER DE 19901	re, suite L-100		ST-ZIP		
DOCUMENT# NAME			STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			спу-	ST-ZIP	6000032197463 -04/24/00-01030-023	
DOCUMENT# NAME			STREE	ET ADDRESS	****535.00 ****535.00	
STREET ADDRESS CITY-ST-ZIP			CITY-	ST-ZIP		
DOCUMENT # NAME		. 	STRE	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			спу-	ST-ZIP		
DOCUMENT#			STREE	ET ADDRESS	·	
STREET ADDRESS CITY-ST-ZX			спу-	-ST-ZIP		
DOCUMENT#			STRE	ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			спу-	-ST-ZIP		
indicatód	certify that the information supplied w on this report is true and accurate ar yer or trustee empowered to execute to	nd that my signature shall have	the same	elegal effect as i	Section 119.07(3)(i), Florida Statutes. I further certify that the information if made under oath; that I am a General Partner of the limited partnership or	