001 UNIFORM BUSINESS REPORT (UBR)

001815 AB

DOCUMENT # ~~B94~~000000132

1. Entity Name

CORAL-TGFYE, LTD.

FILED

01 MAY 31 AM 8:30

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
32 LOOCKERMAN SQUARE. SUITE L-100 DOVER DE 19901	C/O R. FOWNES 160 POWDER POINT AVE DUXBURY MA 02332

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 04-3218520 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MADIGAN, TERRELL C 206 SOUTH ADAMS STREET TALLAHASSEE FL 32301	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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$266,667.00		

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 #	F94000001815	STREET ADDRESS	
NAME	TGFYE, INC.	CITY-ST-ZIP	900004420999--8 06/14/01--01100--035 ****158.75 ****158.75
STREET ADDRESS	32 LOOCKERMAN SQUARE, SUITE L-100		
CITY-ST-ZIP	DOVER DE 19901		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	900004420999--8 06/14/01--01100--036 ****367.50 ****367.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: SIGNATURE RECEIVED RICHARD FOWNES 4.5.01 (305) 361.2555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

CR2E003 (11/00)