2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000132

1. Entity Name

~~CORAL TGFYE, LTD.~~

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 AUG 27 PM 12: 19

U28/28

0002372 AB

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

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

DUE BY SEPTEMBER 25, 2002

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. 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. $266,667.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F94000001815	STREET ADDRESS	
NAME	~~TGFYE, INC.~~ Realty Equity Partners, Inc.		
STREET ADDRESS	32 LOOCKERMAN SQUARE, SUITE L-100	CITY-ST-ZIP	
CITY-ST-ZIP	DOVER DE 19901		
DOCUMENT #		STREET ADDRESS	900007447809--1
NAME			-08/30/02--01011--016
STREET ADDRESS	N/C amend	CITY-ST-ZIP	****926.25 ****926.25
CITY-ST-ZIP			
DOCUMENT #	filed	STREET ADDRESS	
NAME			
STREET ADDRESS	11/2/01	CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	
CITY-ST-ZIP			

CR2E003 (4/02)

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 REQUIRED Richard Fownes 8/26/02 305 361-2555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #