03/01/01 14:39 FAX 1 407 2... B94000000430 002

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
01 MAY -1 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B94000000430 12/13/00 Reinstated

1. Entity Name

T.M.T. ASSOCIATES, L.P. LIMITED PARTNERSHIP

Principal Place of Business | Mailing Address

2. Principal Place of Business: 7466 Chancellor Drive
Suite, Apt #, etc.
City & State: Orlando FL
Zip: 32809 Country: USA

3. Mailing Address: Two Tower Bridge
Suite, Apt #, etc.: Suite 100
City & State: Conshohocken PA
Zip: 19428 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 23-2775021 Applied For / Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT Corporation System
1200 South
Plantation, FL 33324

7. Name and Address of New Registered Agent
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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Date

9. Capital Contributions as Shown on record: 750,000

10. Amount of Capital Contributions in FLORIDA to date: 750,000

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 # / NAME / STREET ADDRESS / CITY-ST-ZIP	J. Peter Pierce 209 Hilldale Road Villanova, PA 19085	STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	N/A
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	5/15
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	
DOCUMENT # / NAME / STREET ADDRESS / CITY-ST-ZIP		STREET ADDRESS / CITY-ST-ZIP	

200004220792--6
-05/16/01--01119--004
****526.25 ****526.25

CR2E003 (11/00)

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] 3-29-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date