

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B94000000430

1. Entity Name

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

Principal Place of Business

7466 CHANCELLOR DRIVE  
ORLANDO FL 32809

Mailing Address

TWO TOWER BRIDGE, SUITE 100  
CONSHOHOCKEN PA 19428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02 APR 17 PM 2:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

23-2775021

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

DATE

9. Capital Contributions  
as Shown on record.

\$750,000.00

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

PIERCE, J. PETER  
269 HILLDALE ROAD  
VILLANOVA PA 19085

STREET ADDRESS

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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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-12-02

610-828-0100

Date

Daytime Phone #

CR2E003 (9/01)

0000708  
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