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DOCUMENT # B94000000430
1. Entity Name T.M.T. ASSOCIATES, L.P. LIMITED PARTNERSHIP



FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 7466 CHANCELLOR DRIVE ORLANDO FL 32809	Mailing Address TWO TOWER BRIDGE, SUITE 100 CONSHOHOCKEN PA 19428
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address 161 Washington Street Suite, Apt. #, etc. Suite 1025 City & State Conshohocken Zip PA Country 19428
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DUE BY SEPTEMBER 24, 2003	
4. FEI Number 23-2775021	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. \$750,000.00	10. Amount of Capital Contributions in FLORIDA to date. 750,000	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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	
DOCUMENT #	NAME
NAME	PIERCE, J. PETER
STREET ADDRESS	269 HILDALE ROAD
CITY-ST-ZIP	VILLANOVA PA 19085
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
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DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	NAME
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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REINSTATEMENT

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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

9/9/03

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (4/03)

2 of 2

TMT Associates, L.P.

161 Washington Street, Suite 1025, Conshohocken, PA 19428 (610) 828-0100 Fax (610) 828-3873

October 7, 2003

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Ref. # B94000000430

Dear Sir/Madam,

Enclosed please find a letter I received relating to a late payment for the 2003 Uniform Business Report. The form I received indicated that the form was due by September 24, 2003. I completed and sent in the form prior to that date. I never received any prior notification and was confused as to why there was a late charge. I telephoned and was informed that the form was really due on May 1, 2003. I was told to write a letter explaining this and to ask that the late charge be waived.

If you have any questions, please feel free to give me a call.

Sincerely,



Donna L. Herrick
Controller