

# 2000 UNIFORM BUSINESS REPORT (UBR)

①

**DOCUMENT # B97000000188**  
 1. Entity Name  
**CHRISTIAN TYLER DEVELOPMENT GROUP LIMITED PARTNE**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 JUL 17 PM 1:25

Principal Place of Business Mailing Address  
 3001 NORTH ROCKY POINT DR. E. #200 3001 NORTH ROCKY POINT DR. E. #200  
 TAMPA FL 33607 TAMPA FL 33607



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 **59-3439171** Applied For  
 Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent  
**EICHOLTZ, KIRK D ESQUIRE**  
**3001 N. ROCKY POINT DR. E., #200**  
**TAMPA FL 33607**

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 DATE **7-13-2000**  
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. **\$100.00** 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	
DOCUMENT #	<b>L96000001194</b>
NAME	<b>CHRISTIAN TYLER PROPERTIES III, L.C.</b>
STREET ADDRESS	<b>3001 N. ROCKY POINT DR., E. #200</b>
CITY-ST-ZIP	<b>TAMPA FL 33607</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	<b>000003334850--9</b>
	<b>-07/25/00--01046--007</b>
	<b>****141.25 ****141.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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: **REQUIRED** **7-13-2000** **813-281-4801**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (5/00)