

# 2001 UNIFORM BUSINESS REPORT (UBR)

0016506 AF

DOCUMENT # B980000000056

1. Entity Name

TRIUMPH III ADVISORS, L.P.

FILED

WCS/10

01 APR 27 PM 2: 58

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
C/O THE CORPORATION TRUST COMPANY  
1209 ORANGE STREET. CORPORATION TRUST CEN.  
WILMINGTON DE 19801

Mailing Address  
28 STATE STREET. 37TH FLOOR  
BOSTON MA 02109

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 04-3382401

Applied For  
Not Applicable

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

## 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. (NOT Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$0.00

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 #     | F97000006241                |
| NAME           | TRIUMPH III ADVISORS, INC.  |
| STREET ADDRESS | 28 STATE STREET, 37TH FLOOR |
| CITY-ST-ZIP    | BOSTON MA 02109             |
| DOCUMENT #     |                             |
| NAME           |                             |
| STREET ADDRESS |                             |
| CITY-ST-ZIP    |                             |
| 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    |  |
| STREET ADDRESS | 100004218711--1                                |
| CITY-ST-ZIP    | -05/15/01--01140--021<br>****150.00 ****150.00 |
| 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/24/01 (617) 557 6000

Date

Daytime Phone #

CR2E003 (11/00)