

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013646 AT

DOCUMENT # B98000000397

1. Entity Name  
TAMPA MIT, L.P.



FILED

03 APR -2 AM 9:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
C/O RIPPLEWOOD HOLDINGS LLC.  
ONE ROCKEFELLER PL. 32ND FL  
NEW YORK NY 10020

Mailing Address  
J.I. WOOLEY  
4636 N. DALE MABRY HIGHWAY  
TAMPA FL 33614

2. Principal Place of Business  
3810 W. Hillsborough Ave.

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State  
Tampa, FL

City & State

4. FEI Number 59-3512667

Applied For

Not Applicable

Zip  
33614

Country  
US

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record. \$99.00

10. Amount of Capital Contributions  
in FLORIDA to date. \$99.00

11. MAKE CHECK PAYABLE TO FL. 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 # M9800000633  
NAME ASBURY TAMPA MANAGEMENT L.L.C.  
STREET ADDRESS 3800 W. HILLSBOROUGH AVE.  
CITY-ST-ZIP TAMPA FL 33614

STREET ADDRESS 3 Landmark Square, Ste. 500  
CITY-ST-ZIP Stamford, CT 06901

DOCUMENT #  
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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:

*J.I. WOOLEY*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/27/03

(813) 870-0010

Date

Daytime Phone #

CR2E003 (10/02)