2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

00 APR -5 AM 10:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B98000000504

1. Entity Name

TAMPA LM, L.P.

Principal Place of Business	Mailing Address
C/O RIPPLEWOOD HOLDINGS L.L.C. 1 ROCKEFELLER PLAZA. 32ND FLOOR NEW YORK NY 10020	C/O J.I. WOOLEY 9204 ADAMO DRIVE TAMPA FL 33619-2604

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
		c/o J. I. Wooley	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 4636 N. Dale Mabry Highway	
City & State		City & State Tampa, FL	
Zip	Country	Zip 33614	Country USA

4. FEI Number 59-2124362 ☐ Applied For ☐ Not Applicable

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
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. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. $99.00	10. Amount of Capital Contributions in FLORIDA to date. $0	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 #	M98000000633	STREET ADDRESS	
NAME	ASBURY TAMPA MANAGEMENT L.L.C.		
STREET ADDRESS	1 ROCKEFELLER PLAZA, 32ND FLOOR	CITY-ST-ZIP	600003216706---0 -04/20/00--01070--006
CITY-ST-ZIP	NEW YORK NY 10020		****141.25 ****141.25
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CR2E003 (9/99)

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 J. I. Wooley 03/27/00 (813) 870-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #