

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0013334 AT

DOCUMENT # B98000000504

1. Entity Name
TAMPA LM, L.P.



FILED
03 APR -2 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
C/O RIPPLEWOOD HOLDINGS LLC.
1 ROCKEFELLER PLAZA, 32ND FLOOR
NEW YORK NY 10020

Mailing Address
C/O J.I. WOOLEY
4636 N. DALE MABRY HWY.
TAMPA FL 33614

2. Principal Place of Business
9204 Adamo Drive
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State
Tampa, FL

City & State

4. FEI Number 59-2124362

Applied For
Not Applicable

Zip Country
33619 IIS

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 # M98000000633
NAME ASBURY TAMPA MANAGEMENT L.L.C.
STREET ADDRESS 1 ROCKEFELLER PLAZA, 32ND FLOOR
CITY-ST-ZIP NEW YORK NY 10020

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

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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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Woolley

3/27/03

(813) 870-0010

Date

Daytime Phone #

CR2E003 (10/02)