2001 UNIFORM BUSINESS REPORT (UBR)								8
DOCL 1. Entity Nat	JMENT # LOOOC	×1.4		FALED			1	
1	T PARTNERS, LLC		01	IDEBILEC	ን		2	
Principal Pla	ce of Business	Mailing Address			NAME AND STOLEN	12:45		
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TAMPA FL 3	3602	TAMPA FL 33602	SEF	ESTEP ES	SECRETORNI DE L	STATE LODIDA		
]			TA					
	Place of Business	nea st						
Suite, Apt	#, etc.	Suite, Apt. #, etc.	<u>,</u>		DO NOT WRIT	TE IN THIS SPACE		
Suite 2030 Svite 20			030					
	mpA,FL	TAMPA.	, FC	4. FEI N	05-0973	809 H	Applied For Not Applicable	
2ip 33(002 Hills books h	33602	Country Hill show on	5. Certi	ficate of Status Desired	□ \$5.00 A		
	6. Name and Address of Current I		mil size.	7. Name	e and Address of New R		160	
Name							_	
ł	E, STEPHEN B II, ESQ	Street Address (P.O. Box Number is Not Acceptable)						
101 E. KENNEDY BLVD., SUITE 3700 TAMPA FL 33602								
			City			FL Zip Co	ode	
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								
		FILE NO	W!!! FEE IS \$50.0	0				
		Make Check Pay	able to Department	of State				
9.	MANAGING MEMBE	RS/MEMBERS	10.		ADDITIONS/	CHANGES		_
TITLE NAME	member Harry CFlower	Delete	TITLE NAME			Change	☐ Addition	1/00
CTREET ADDRESS	20 20 120		STREET ADDRESS		300003	8662013	33	83 (1
CITY-ST-ZIP	DAMPA PL 3	3601	CITY-ST-ZIP		-02/0	370101091- *50.00 □****	003	CR2E083 (11/00)
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NAME		r ⊃ netete	NAME			- I change	☐ Vooidon	
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS (CITY-ST-ZIP					
11. I hereby o	certify that the information supplied with t	his filing does not qualify for th	ne exemption stated in	Section 119.0	7(3)(i), Florida Statutes. I	further certify that the	information	
indicated limited lia	on this report is true and accurate and the bility company or the receiver or trustee	nat my signature shall have the execute this rep	e same legal effect as if port as required by Cha	made under opter 608, Floi	oatn; that I am a managi rida Statutes,	ng member or manag	er of the	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE