

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000546
1. Entity Name
FORT CLARKE LIMITED PARTNERSHIP

FILED

01 AUG 27 PM 12:17

Principal Place of Business **Mailing Address**
 201 N NEW YORK AVE 201 N NEW YORK AVE
 SUITE 200 SUITE 200
 WINTER PARK FL 32789 WINTER PARK FL 32789

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State **City & State**
 Zip Country Zip Country

4. FEI Number
 75-2779597 **Applied For**
 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYES STREET
 TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

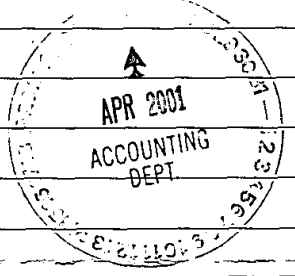
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record: **\$3,300,000.00** **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 # | B98000000545 |
| NAME | TCR FORT CLARKE LIMITED PARTNERSHIP |
| STREET ADDRESS | 201 N NEW YORK AVE # 200 |
| CITY-ST-ZIP | WINTER PARK FL 32789 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|---------------------|
| STREET ADDRESS | |
| CITY-ST-ZIP | 100004566101--3 |
| STREET ADDRESS | 08/31/01-01062-009 |
| CITY-ST-ZIP | ***526.25 ***526.25 |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 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: TCR Fort Clarke LP
 by TCR Fort Clarke LP
James C. Zarnwell, P.S. John C. Tarwick 4/23/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)