

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00002222 AV

DOCUMENT # B98000000546
1. Entity Name
FORT CLARKE LIMITED PARTNERSHIP



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 MAY 15 PM 5:39

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

Mailing Address
**201 N. NEW YORK AVE., SUITE 200
WINTER PARK FL 32789**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
**6400 CONGRESS AVE.
STE 2100
BOCA RATON, FL
33487**

Country
US

DUE BY MAY 1, 2003

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

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

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 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	
DOCUMENT #	B98000000545
NAME	TCR FORT CLARKE LIMITED PARTNERSHIP
STREET ADDRESS	201 N. NEW YORK AVE., SUITE 200
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	600016077086 05/15/03--01035--006 **88.75
STREET ADDRESS	
CITY-ST-ZIP	600016077086 04/15/03--01071--012 **437.50
STREET ADDRESS	
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

By: **TCR Fort Clarke LP**
By: **TCR Fort Clarke LP, Inc.**
SIGNATURE: **Natalia Uiskov** Date: **3-28-03** Daytime Phone #: **561-998-4451**

STATE CHECK HERE

CR2E003 (10/02)