2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A00000001325

1. Entity Name
CLEARVIEW TELEPLACE TAMPA, LTD.

FILED
03 APR 30 AM 5:37
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
6700 CITICORP DRIVE
TAMPA FL 33619

Mailing Address
2311 CEDAR SPRINGS RD.. SUITE 100
DALLAS TX 75201

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

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

DUE BY MAY 1, 2003

4. FEI Number 75-2899802 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FROST, JEFFREY M ESQ
4870 N. CITATION DR., STE. 10-102
DELRAY BEACH FL 33445

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. $5,248,783.00

10. Amount of Capital Contributions in FLORIDA to date. $4,537,138.00

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 #	M00000001713	STREET ADDRESS	2311 Cedar Springs Road, SUITE 100
NAME	CLEARVIEW TELEPLACE TAMPA, L.L.C.	CITY-ST-ZIP	Dallas, TX. 75201
STREET ADDRESS	2000 E. LAMAR BLVD., SUITE 150		
CITY-ST-ZIP	ARLINGTON TX 76006		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200017342662 04/30/03--01010--002 **526.25
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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:Clearview Teleplace Tampa LLC, GP
By:D. Craig Walker, President

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

4/22/03 — Date
(214)855-0550 — Daytime Phone #

STAPLE CHECK HERE

0017235 AT

CR2E031 (10/02)