

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001371 AV

DOCUMENT # A02000000215



1. Entity Name
ARBOR CREST, LTD.

FILED

03 FEB 24 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
2937 S.W. 27TH AVENUE, SUITE 303
COCONUT GROVE FL 33133

Mailing Address
2937 S.W. 27TH AVENUE, SUITE 303
COCONUT GROVE FL 33133

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number

03-0416776

Applied For

Not Applicable

Zip

Country

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

**MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI FL 33130**

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. **\$99.99**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P02000018712**
NAME **TCG ARBOR CREST, INC.**
STREET ADDRESS **2937 S.W. 27TH AVENUE, SUITE 303**
CITY-ST-ZIP **COCONUT GROVE FL 33133**

STREET ADDRESS

CITY-ST-ZIP

**300013029723
02/24/03--01044--001 **150.00**

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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: **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE