

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0017240 AT

DOCUMENT # A16895

1. Entity Name
CROW-TAMPA RETAIL #2, LTD.

FILED

03 APR -7 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDAPrincipal Place of Business
2100 MCKINNEY AVENUE, SUITE 700
DALLAS TX 75201Mailing Address
2100 MCKINNEY AVENUE, SUITE 700
DALLAS TX 75201

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 75-1935432

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

\$18.00

10. Amount of Capital Contributions
in FLORIDA to date.11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATIONA 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 # B93000000184
NAME CROW FAMILY 1991 LIMITED PARTNERSHIP
STREET ADDRESS 2100 MCKINNEY AVENUE, SUITE 700
CITY-ST-ZIP DALLAS TX 75201

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME KELLY, STEPHEN B.
STREET ADDRESS 5405 CYPRESS CTR DR #120
CITY-ST-ZIP TAMPA FL 33609

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
100015330651
04/07/03--01007--006 **141.25

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP
M THOMAS

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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: Crow Family 1991 Limited Partnership, Its: GP

By: Crow Family, Inc., Vice-President

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Ronald S. Brown, Vice-President

3-28-03

214-661-8000

Date

Daytime Phone #

CR2E003 (10/02)