

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A33005**

1. Entity Name
FLORIDA TOWN PLACE LIMITED PARTNERSHIP



FILED

03 SEP 16 AM 8:59

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

Principal Place of Business
**C/O AEW CAPITAL MANAGEMENT, L.P.
WORLD TRADE CENTER EAST, TWO SEAPORT LANE
BOSTON MA 02110**

Mailing Address
**C/O AEW CAPITAL MANAGEMENT, L.P.
WORLD TRADE CENTER EAST, TWO SEAPORT LANE
BOSTON MA 02110**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 24, 2003

4. FEI Number **04-3188849**

Applied For
Not Applicable



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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

800022263088

08/12/03--01069--002 **437.50

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. **\$6,152,850.00**

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **P38743**
NAME **EASTRICH NO. 90 CORP.**
STREET ADDRESS **WORLD TRADE CENTER EAST, TWO SEAPORT LANE**
CITY-ST-ZIP **BOSTON MA 02110**

STREET ADDRESS

CITY-ST-ZIP

800022263088

09/16/03--01022--003 **488.75

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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

Susan E. Bouchard

8/5/03 (617)261-9000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Tax officer, v.p.

Date

Daytime Phone #

CR2E003 (4/03)

0003251 SP