

2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **A93000000490**

1. Entity Name
TCA 93 LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

Principal Place of Business
% TCA JOINT VENTURE
601 BRICKELL KEY DRIVE, SUITE 605
MIAMI FL 33131

Mailing Address
% TCA JOINT VENTURE
601 BRICKELL KEY DRIVE, SUITE 605
MIAMI FL 33131-2649



DO NOT WRITE IN THIS SPACE

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

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

4. FEI Number **65-0407400**
Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
DUJANOVIC, THOMAS A
601 BRICKELL KEY DRIVE, SUITE 605
MIAMI FL 33131

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions **\$2,000,000.00** as Shown on record.
10. Amount of Capital Contributions in FLORIDA to date.
11. **MAKE CHECK PAYABLE TO 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 # NAME STREET ADDRESS CITY - ST - ZIP	P93000032091 TCA 93, INC. 601 BRICKELL KEY DRIVE, SUITE 605 MIAMI FL 33131	STREET ADDRESS CITY - ST - ZIP	
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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: **TCA 93, INC.**
TCA 93 L.P.
Date: **3-13-00**
Daytime Phone #: **577-3902**

CR2E003 (9/99)