

2000 UNIFORM BUSINESS REPORT (UBR)

0003761 AF

DOCUMENT # **A94000000080**

1. Entity Name
TCA 94-AM LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

ny

Principal Place of Business
C/O TCA JOINT VENTURE
601 BRICKELL KEY DRIVE, SUITE ~~605~~ **505**
MIAMI FL 33131

Mailing Address
C/O TCA JOINT VENTURE
601 BRICKELL KEY DRIVE, SUITE ~~605~~ **505**
MIAMI FL 33131-2649



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0460059		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SAICHEK, LAWRENCE A C/O TCA JOINT VENTURE 601 BRICKELL KEY DRIVE, SUITE 605 MIAMI FL 33131				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) DATE _____

9. Capital Contributions as Shown on record, **\$1,500,000.00** 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 #	P94000002402	STREET ADDRESS	
NAME	TCA 94-AM, INC.	CITY - ST - ZIP	
STREET ADDRESS	C/O 601 BRICKELL KEY DRIVE, SUITE 605	STREET ADDRESS	000003230080--8
CITY - ST - ZIP	MIAMI FL 33131	CITY - ST - ZIP	-04/28/00--01126--016
DOCUMENT #		STREET ADDRESS	****526.25 ****526.25
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
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CITY - ST - ZIP		CITY - ST - ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		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]* **3-14-2000** **577-3902**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CP2E003 (9/99)