

2001 UNIFORM BUSINESS REPORT (UBR)

0019633 AF

DOCUMENT # **A96000000754**

1. Entity Name

TCRDAD VININGS AT BOYNTON BEACH II LIMITED PARTN

Principal Place of Business

**2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339**

Mailing Address

**2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339**

FILED

01 APR 16 AM 9:22

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0682951

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

FISH, DEBORAH L

C/O GABLES REALTY LIMITED PARTNERSHIP

**6551 PARK OF COMMERCE BLVD., SUITE 100
BOCA RATON FL 33487**

Name

Deborah L. Gentry

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

Same

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

Deborah L. Gentry
Signature, typed or printed name of registered agent and title if applicable.

Deborah L. Gentry
(NOTE: Registered Agent signature required when reinstating)

DATE

1/30/01

9. Capital Contributions as Shown on record.

\$20,170,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$5,470,000

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 # **F96000005185**
NAME **GABLES GP, INC.**
STREET ADDRESS **2859 PACES FERRY ROAD, SUITE 1450**
CITY-ST-ZIP **ATLANTA GA 30339**

STREET ADDRESS

CITY-ST-ZIP

000004103070--1
-05/01/01--01093--009
*****526.25 ***526.25**

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Down H. Severt
Down H. Severt

Date

4-10-01
4-10-01

Daytime Phone #

770436-4600
770436-4600

CR2E003 (11/00)