2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A96000001857

Entity Name

TCROAD Wellington Limited Partnership

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business	Mailing Address
2859 PACES FERRY ROAD, SUITE 1450 ATLANTA GA 30339	2859 PACES FERRY ROAD, SUITE 1450 ATLANTA GA 30339-5716

[redacted]

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0704304 ☐ Applied For ☐ Not Applicable

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 Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE

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

Capital Contributions 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
$13,200,000	$4,600,000	

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.

GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # F96000005185 NAME GABLES GP, INC. ADDRESS ~~2859 PACES FERRY ROAD, SUITE 1450~~ CITY-ST-ZIP ~~ATLANTA GA 30339~~	STREET ADDRESS 2859 Paces Ferry Road, Ste. 1450 CITY-ST-ZIP Atlanta, GA 30339
DOCUMENT # NAME ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
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DOCUMENT # NAME ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

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] Doug H. Severt 4-26-00 770-436-4600