

2001 UNIFORM BUSINESS REPORT (UBR)

ng

2001-04

DOCUMENT # A 96000001857

1. Entity Name

TCR DAD Wellington Limited Partnership

FILED

01 APR 16 AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339

Mailing Address

2859 PACES FERRY ROAD, SUITE 1450
ATLANTA GA 30339

2. 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

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)

4/9/01

DATE

9. Capital Contributions
as Shown on record.

\$13,200,000

10. Amount of Capital Contributions
in FLORIDA to date.

\$4,600,000

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

500004103865--3
-05/01/01--01108--014
*****526.25 *****526.25

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

Dawn H. Severt

Date

4/10/01

Daytime Phone #

770-436-4600

CR2E003 (11/00)