

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVAL
AND
FILED

0006362
AT

DOCUMENT # **A96000001857**

1. Entity Name

TCRDAD WELLINGTON LIMITED PARTNERSHIP

02 MAY 28 PM 3:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

DUE BY MAY 1, 2002

4. FEI Number

65-0704304

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

GENTRY, DEBORAH L

C/O GABLES REALTY LIMITED PARTNERSHIP

6551 PARK OF COMMERCE BLVD., SUITE 100

BOCA RATON FL 33487

Name

Joni K. Bastuba

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

Same address shown to left

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.

Joni K. Bastuba

DATE

4-22-02

9. Capital Contributions
as Shown on record.

\$13,200,000.00

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 #
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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CR2E003 (9/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ashley L Ivester

4/18/02

(770) 436-4600

Date

Daytime Phone #