

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

04 MAR -1 AM 10:08
 FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # A97000000301

1. Entity Name
 REAMS ROAD LIMITED PARTNERSHIP



Principal Place of Business
 201 N. NEW YORK AVE., SUITE 200
 WINTER PARK, FL 32789

Mailing Address
 6400 CONGRESS AVE., STE 2100
 BOCA RATON, FL 33487

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02202004

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3492653

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HOEKSEMA, DOUGLAS A
 201 N. NEW YORK AVE., SUITE 200
 WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name

Corporation Service Company

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

1201 Hays St.

City

Tallahassee

FL

Zip Code

32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Deborah D. Skipper

Deborah D. Skipper
 Asst. V. Pres.

3/1/04

DATE

9. Capital Contributions
 as Shown on record.

\$14,648,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

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

DOCUMENT # B97000000060
 NAME TCR BUENA VISTA PLACE LIMITED PARTNERSHIP
 STREET ADDRESS 201 N NEW YORK AVE., SUITE 200
 CITY-ST-ZIP WINTER PARK, FL 32789

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700029628797

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:

Shari Steinhardt
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

2/23/04 561-998-4451

STAPLE CHECK HERE



A97000000301

ACCOUNT NO. : 072100000032

REFERENCE : 465956 4351294

AUTHORIZATION :

COST LIMIT : \$ ~~437.50~~

Patricia Pigato

FILED
MAR - 1 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : March 1, 2004

ORDER TIME : 2:16 PM

ORDER NO. : 465956-010

CUSTOMER NO: 4351294

CUSTOMER: Ms. Teresa Davis
Trammell Crow Residential
Suite 2100
6400 Congress Avenue
Boca Raton, FL 33487

526.25 M

RECEIVED
04 MAR - 1 PM 3:09
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: REAMS ROAD LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Kimberly Moret-EXT#2949

EXAMINER'S INITIALS: _____