

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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AV

DOCUMENT # A97000000301

1. Entity Name
REAMS ROAD LIMITED PARTNERSHIP



FILED

03 MAY 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
201 N. NEW YORK AVE., SUITE 200
WINTER PARK FL 32789

2. Principal Place of Business

3. Mailing Address

6400 CONGRESS AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 2100

City & State

City & State

BOCA RATON, FL

Zip

Country

Zip

Country

33487

US

DUE BY MAY 1, 2003

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

7. Name and Address of New Registered Agent

HOEKSEMA, DOUGLAS A

201 N. NEW YORK AVE., SUITE 200

WINTER PARK FL 32789

Name

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

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

SIGNATURE

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

DATE

9. Capital Contributions

\$14,648,000.00

10. Amount of Capital Contributions

in FLORIDA to date.

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

STREET ADDRESS

CITY-ST-ZIP

400016087404
04/16/03--01007--018 **437.50

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

400016087404
05/12/03--01105--007 **\$8.75

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STREET ADDRESS

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

By: TCR Buena Vista Place LP
By: TCR N.F. Multi-Family, Inc.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

3.28.03 561-998-4451

CR2E003 (10/02)

STAPLE CHECK HERE