

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # A98000000514**

1. Entity Name  
**TSC TAMARAC, LTD.**

Principal Place of Business  
**C/O WHITE & CASE LLP  
200 SOUTH BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131**

Mailing Address  
**333 WEST CAMINO GARDENS BLVD., SUITE 200  
BOCA RATON FL 33432**

**FILED**

01 MAY -7 AM 11:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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 **65-0815329**

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

**SAWYER, EDWARD E  
C/O WHITE & CASE LLP  
200 SOUTH BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. **\$371,250.00**

10. Amount of Capital Contributions in FLORIDA to date.

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 # **P98000016290**  
NAME **TSC TAMARAC, INC.**  
STREET ADDRESS **333 WEST CAMINO GARDENS BLVD., SUITE 200**  
CITY-ST-ZIP **BOCA RATON FL 33432**

STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP  
**800004384228--7**  
**-06/08/01--01097--020**  
**\*\*\*\*\*88.75 \*\*\*\*\*88.75**

DOCUMENT #  
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**800004384228--7**  
**-06/08/01--01097--021**  
**\*\*\*\*\*437.50 \*\*\*\*\*437.50**

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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

4/12/01  
Date

Daytime Phone #