

# 2002 UNIFORM BUSINESS REPORT (UBR)

00035/2 AV

**DOCUMENT # A98000000514**

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

**FILED**  
2002 APR 29 PM 6:24  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

**DUE BY MAY 1, 2002**

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

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

7. Name and Address of New Registered Agent

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

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>700005493487--5</b>
CITY-ST-ZIP	<b>05/09/02--01012--019</b>
STREET ADDRESS	<b>*****526.25 *****526.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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

**SIGNATURE:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: **5/1/02** Daytime Phone #: **561-361-9100**

CR2E003 (9/01)