## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9800000655  1. Entity Name	138
TCC BONITA SPRINGS LTD.	FILED
	01 APR 23 AM 10: 33
Principal Place of Business  1180 SPRING CENTRE SO. BLVD SUITE 211  ALTAMONTE SPRINGS FL 32714  Malling Address  1180 SPRING CENTRE SO. BLVD  ALTAMONTE SPRINGS FL 32714	SECRETARY OF STATE
Principal Place of Business	
300 INTERNATIONAL PROX. 300 INTERNATIONAL PROX.	
City & State HEATHROW FL City & State HEATHROW	A FEI Number
Zió a la Country de la Zio de Country de la	try — \$8.75 Additional
6. Name and Address of Current Registered Agent	5. Certificate of Status Desired Fee Required  7. Name and Address of New Registered Agent
LUBINSKY, TERRY 1180 SPRING CENTRE SO. BLVD., SUITE 211 ALTAMONTE SPRINGS FL 32714	Name LUBINS KY TERRY  Street Address P.O. Box Number is Not Acceptable) Prwy.  Swite 184  City HEAT HROW FL Zis Sader 46
8. The above named entity submits this statement or the purpose of changing its registered office or registered agent, or both, in the State of Florida.  SIGNATURE Signature required when reinstating)  CATE	
9. Capital Contributions as Shown on record.  \$1,400,000.00  10. Amount of Capital Contribution in FLORIDA to date.	SEE REVERSE SIDE FOR FEE INFORMATION
A GENERAL PARTNER THAT IS A BUSINESS ENTITY M NOTE: General Partners MAY NOT be changed on the form	UST BE REGISTERED AND ACTIVE WITH THIS OFFICE. ; an amendment must be filed to change a general partner.
12. GENERAL PARTNER INFORMATION 13.  DOCUMENT # P98000022546	ADDRESS CHANGES ONLY
NAME TCC BONITA BAY INC. STREET ADDRESS 1180 SPRING CENTRE SO. BLVD. SUITE 211	-ST-ZIP #184 HEATHROW FL 32746
DOCUMENT #	ET ADDRESS
NAME Street address	-ST-ZIP 7000041638472 -05/08/0101150025
DOCUMENT   NAME  STR	####526.25 ****526.25
STREET ADDRESS /	-ST-ZIP
DOCUMENT # STRE	TET ADDRESS
STREET ADDRESS CITY-ST-ZIP CITY	-ST-ZIP
DOCUMENT   NAME  STRE	TET ADDRESS
STREET ADDRESS.	-ST-ZIP
DOCUMENT ≠ STRE	ET ADDRESS
STREET ADDRESS	-ST-ZIP
14. I hereby certify that the information supplied with this filing does not qualify for the exe indicated on this report is true and accurate and that my signature shall have the same the receiver or trustee empowered to execute this report as required by Chapter 620.   SIGNATURE:  SIGNATURE:	e legal effect as if made under cath; that I am a General Partner of the limited partnership or Florida Statutes  407 804 8949