

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000181

1. Entity Name
TCR FORT CLARKE II LIMITED PARTNERSHIP



FILED
03 APR 16 AM 7:12
SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH



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. 4/16

Suite, Apt. #, etc.

Suite, Apt. #, etc.
STE 2100

DUE BY MAY 1, 2003

City & State

City & State
BOCA RATON, FL

4. FEI Number 75-2884035

Applied For
Not Applicable

Zip

Country

Zip
33487

Country
US

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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

9. Capital Contributions as Shown on record. \$99.00

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 # F98000004773
NAME TCR FORT CLARKE I, INC.
STREET ADDRESS 201 N. NEW YORK AVE., SUITE 200
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS
CITY-ST-ZIP 500016087075
04/16/03--01007--010 **141.25

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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: *TCR Fort Clarke II LP*
By: TCR Fort Clarke I, Inc
Signature: [Signature] Date: 3-28-03 Daytime Phone #: 561-998-4451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)