

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B00000000182

1. Entity Name
FORT CLARKE II LIMITED PARTNERSHIP



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

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

FILED
03 MAY 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 75-2884036

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

000016087360

05/12/03--01116--003 **88.75

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
as Shown on record.

\$850,000.00

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 # B00000000181
NAME TCR FORT CLARKE II LIMITED PARTNERSHIP
STREET ADDRESS 201 N NEW YORK AVE., STE. 200
CITY-ST-ZIP WINTER PARK FL 32789

000016087360
04/16/03--01007--017 **437.50

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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

By: TCR Fort Clarke II LP
By: TCR Fort Clarke II LP
SIGNATURE: [Signature]

3-28-03

561-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0000276 AV