

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000267 AV

DOCUMENT # B00000000397

1. Entity Name
DOUGLAS CORAL GABLES LIMITED PARTNERSHIP



FILED

03 MAY 12 PM 1:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
6400 CONGRESS AVE

Suite, Apt. #, etc.
STE 2100

City & State
BOCA RATON, FL

Zip Country
33487 US

DUE BY MAY 1, 2003

4. FEI Number **75-2913478** Applied For
Not Applicable

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. **\$4,512,575.00**

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	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	B01000000217 ITCR CORAL GABLES LIMITED PARTNERSHIP 2001 BRYAN STREET, SUITE 3700 DALLAS TX 75201
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13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	200016077102 05/12/03--01036--004 **88.75
STREET ADDRESS CITY-ST-ZIP	200016077102 04/15/03--01071--013 **437.50
STREET ADDRESS 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

By: **ITCR Coral Gables LP**
By: **ITCR Coral Gables LP**
SIGNATURE: By: ITCR Gables, Inc. P. S. ... **Shari Skitharat 3-28-03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (10/02)