

# 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  
**33487**

Country  
**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 #	<b>B01000000217</b>
NAME	<b>ITCR CORAL GABLES LIMITED PARTNERSHIP</b>
STREET ADDRESS	<b>2001 BRYAN STREET, SUITE 3700</b>
CITY-ST-ZIP	<b>DALLAS TX 75201</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	<b>200016077102</b>
CITY-ST-ZIP	<b>05/12/03--01036--004 **88.75</b>
STREET ADDRESS	<b>200016077102</b>
CITY-ST-ZIP	<b>04/15/03--01071--013 **437.50</b>
STREET ADDRESS	
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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. ...** Date: **3-28-03**

CR2E003 (10/02)