

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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

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 75-2913478

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)

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. \$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

13. ADDRESS CHANGES ONLY

DOCUMENT # B01000000217
NAME ITCR CORAL GABLES LIMITED PARTNERSHIP
STREET ADDRESS 2001 BRYAN STREET, SUITE 3700
CITY-ST-ZIP DALLAS TX 75201

STREET ADDRESS

200016077102

CITY-ST-ZIP

05/12/03--01036--004 **88.75

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

200016077102

CITY-ST-ZIP

04/15/03--01071--013 **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: ITCR Coral Gables LP
By: ITCR Coral Gables LP

SIGNATURE: By: ITCR Coral Gables LP, P. S. Shari Shikharat 3.28.03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)

0000267 AV