2002	2 UNIFORM BUS	INESS REPO	RT ((UBR)				
DOCU		0000039			FILED			
TCR BUENA VISTA PARC LIMITED PARTNERSHIP						02 MAR -5 AM 9: 35		
Principal Place of Business 717 NORTH HARWOOD, SUITE 1200, L.B. 128 DALLAS TX 75201 Mailing Address 717 NORTH HARWOOD, SUITE DALLAS TX 75201				O. L.B. 128		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Address Oct 1887 Oct								
Suite, Apt. #, etc. Suite 200 Suite 200 Suite 200			w York Ave.			DUE BY MAY 1, 2002		
Zip	Winter Park, FL Winter Park Country Zip			гу	4. FEI Number 75-2918	Status Desired	Applied For Not Applicable 8.75 Additional ee Required	
3278		<u> </u>	US/	4	7 Name and A			
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Registered A	gent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)				
				City FL Zip Code			Zip Code	
8. The above	named entity submits this statement for	or the purpose of changing its r	registere	d office or reg	istered agent, or both,	, in the State of Florida.		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.						DATE		
9. Capital Contributions as Shown on record. \$99.00 10. Amount of Capital C in FLORIDA to date				9_00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION			
	A GENERAL PARTNER 1 NOTE: General Partners MA	THAT IS A BUSINESS EN	TITY MU	JST BE REC	GISTERED AND AC ment must be filed	to change a general part	ner.	
12.	GENERAL PARTNE	RINFORMATION	13.			ADDRESS CHANGES ONL	Ý	
DOCUMENT # NAME STREET ADDRESS	TCR PARC, INC. 717 NORTH HARWOOD, SUITE 1200, L.B. 128		STREE	T ADDRESS	201 N. New York Ave.			
CITY-ST-ZIP			CITY-	ST-ZIP	Winter Park, FL 32789			
DOCUMENT # NAME				ET ADDRESS	0000050971407 -03/12/0201051019_			
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DOCUMENT # NAME STREET ADDRESS			STREE	T ADDRESS				

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:

SIGNATURE

STAPLE CHECK HERE