

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

DOCUMENT # **B01000000184**

1. Entity Name

**METROWEST II LIMITED PARTNERSHIP**

02 MAR 18 PM 3:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**NOVA**



Principal Place of Business

**SUITE 1200, LOCK BOX 128  
717 NORTH HARWOOD  
DALLAS TX 75201**

Mailing Address

**SUITE 1200, LOCK BOX 128  
717 NORTH HARWOOD  
DALLAS TX 75201**

2. Principal Place of Business

**201 N. New York Ave.  
Suite, Apt. #, etc.  
Suite 200**

3. Mailing Address

**201 N. New York Ave.  
Suite, Apt. #, etc.  
Suite 200**

**DUE BY MAY 1, 2002**

City & State

**Winter Park, FL**

City & State

**Winter Park, FL**

4. FEI Number

**75-2938310**

Applied For

Not Applicable

Zip

**32789**

Country

**USA**

Zip

**32789**

Country

**USA**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$500.00**

10. Amount of Capital Contributions  
in FLORIDA to date. **\$4,000,000.00**

11. MAKE CHECK PAYABLE TO 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 # **B01000000183**  
NAME **TCR METROWEST II LIMITED PARTNERSHIP**  
STREET ADDRESS **717 N. HARWOOD, STE. 1200, L.B. 128**  
CITY-ST-ZIP **DALLAS TX 75201**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **2001 Bryan Street Suite 3700**  
CITY-ST-ZIP **Dallas, TX 75201**

DOCUMENT #  
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CITY-ST-ZIP

STREET ADDRESS  
CITY-ST-ZIP

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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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)