

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B01000000184

1. Entity Name  
METROWEST II LIMITED PARTNERSHIP



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY 15 PM 5:41

Principal Place of Business  
201 N. NEW YORK AVE., SUITE 200  
WINTER PARK FL 32789

Mailing Address  
201 N. NEW YORK AVE., SUITE 200  
WINTER PARK FL 32789



2. Principal Place of Business

3. Mailing Address

6400 CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 2100

DUE BY MAY 1, 2003

State

City & State

BOCA RATON FL

4. FEI Number 75-2938310

Applied For

Not Applicable

Country

Zip

33487

Country

US

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.

\$4,000,000.00

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 # B01000000183  
NAME TCR METROWEST II LIMITED PARTNERSHIP  
STREET ADDRESS 2001 BRYAN STREET, SUITE 3700  
CITY-ST-ZIP DALLAS TX 75201

STREET ADDRESS

CITY-ST-ZIP

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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 TCR METROWEST II LP:

SIGNATURE:

Signature and typed or printed name of signing general partner

Date

Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE