

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000217

1. Entity Name

TCR CORAL GABLES LIMITED PARTNERSHIP

Principal Place of Business

717 NORTH HARWOOD, #1200
DALLAS TX 75201

Mailing Address

717 NORTH HARWOOD, #1200
DALLAS TX 75201

2. Principal Place of Business

201 N. New York Avenue

3. Mailing Address

201 N. New York Avenue

Suite, Apt. #, etc.

Suite 200

Suite, Apt. #, etc.

Suite 200

DUE BY MAY 1, 2002

City & State

Winter Park, Florida

City & State

Winter Park, Florida

4. FEL Number

75-2943618

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.

\$990,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$990,000.00

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 # B00000000393
NAME TCR CORAL GABLES LIMITED PARTNERSHIP
STREET ADDRESS 717 NORTH HARWOOD, #1200
CITY-ST-ZIP DALLAS TX 75201

13. ADDRESS CHANGES ONLY

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS 700005099777--7
CITY-ST-ZIP 03/13/02 01060 022
****526.25 ****526.25

DOCUMENT #
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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

TCR Coral Gables LP

SIGNATURE: By *STCR Gables, Inc.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

0016980 AT

CR2E003 (9/01)

STAPLE CHECK HERE