

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # B01000000217



1. Entity Name
TCR CORAL GABLES LIMITED PARTNERSHIP

FILED

03 MAY 12 PM 1:30

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 75-2943618

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
1261 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.

\$990,000.00

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 # B00000000393
NAME TCR CORAL GABLES LIMITED PARTNERSHIP
STREET ADDRESS 201 N. NEW YORK AVE., SUITE 200
CITY-ST-ZIP WINTER PARK FL 32789

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100016237751
05/12/03 01036 003 **88.75

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

100016237751
04/18/03 01019 023 **437.50

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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 Coral Gables LP
By: TCR Gables, Inc.

SIGNATURE:

Signature and Typed or Printed Name of Signing General Partner

3-28-03 561-998-4451

Date Daytime Phone #

CR2E003 (10/02)