


0000331 AV

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000400	
1. Entity Name HIGHLAND BRANDON 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.		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 2100		4. FEI Number 75-2964458	
City & State		City & State BOCA RATON, FL		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
33487	VS				

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. \$6,374,000.00	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 #	F01000005555	STREET ADDRESS	
NAME	TCR HIGHLAND, INC.	CITY-ST-ZIP	
STREET ADDRESS	2001 BRYAN STREET, SUITE 3700		
CITY-ST-ZIP	DALLAS TX 75201		
DOCUMENT #		STREET ADDRESS	300016066463
NAME		CITY-ST-ZIP	04/15/03--01034--019 **437.50
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	300016066463
NAME		CITY-ST-ZIP	05/12/03--01105--005 **88.75
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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

SIGNATURE: Highland Brandon, Inc.
By: TCR Highland, Inc.
Signature: Reshvari Steinharat 3-28-03 561-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (10/02)

STAPLE CHECK HERE