

2001 UNIFORM BUSINESS REPORT (UBR)

0015173 AF

DOCUMENT # B93000000067

1. Entity Name

TRAMMELL CROW FOUNDATION, LTD.

Principal Place of Business

2100 MCKINNEY AVE., SUITE 700
DALLAS TX 75201

Mailing Address

2100 MCKINNEY AVE., SUITE 700
DALLAS TX 75201

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # F93000000868
NAME TCF, INC.
STREET ADDRESS 2001 ROSS AVE., 3200
CITY-ST-ZIP DALLAS TX 75201

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

2100 McKinney Ave. Ste. 700

CITY-ST-ZIP

Dallas, Texas 75201

STREET ADDRESS

CITY-ST-ZIP

200004420582-9

06/14/01-01105-006

****141.25 ****141.25

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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 19.07(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

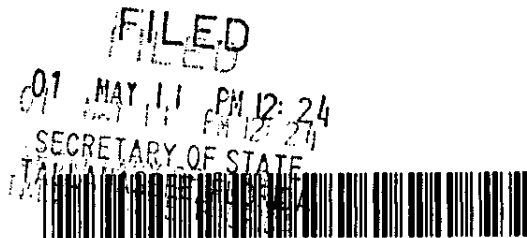
Anthony W. Dona

APR 24 2001

214 661-8000

Daytime Phone #

CR2E003 (11/00)



DO NOT WRITE IN THIS SPACE