

# 2001 UNIFORM BUSINESS REPORT (UBR)


0015145 AF

<b>DOCUMENT #</b>	<b>B93000000341</b>
<b>1. Entity Name</b>	
TCR TIFFANY LAKE LIMITED PARTNERSHIP	

<b>Principal Place of Business</b>	<b>Mailing Address</b>
717 NORTH HARWOOD, SUITE 1200 DALLAS TX 75201	717 NORTH HARWOOD, SUITE 1200 DALLAS TX 75201

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED  
01 APR 27 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

<b>4. FEI Number</b>		<b>65-0436985</b>		<b>Applied For</b>	
				<b>Not Applicable</b>	
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

**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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

<b>9. Capital Contributions as Shown on record.</b>	<b>\$99.00</b>	<b>10. Amount of Capital Contributions in FLORIDA to date.</b>	<b>99.00</b>	<b>11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>
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**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.**

<b>12. GENERAL PARTNER INFORMATION</b>		<b>13. ADDRESS CHANGES ONLY</b>	
<b>DOCUMENT #</b>	<b>F930000003649</b>	<b>STREET ADDRESS</b>	
<b>NAME</b>	<b>TCR SOUTH FLORIDA APTS. TIFFANY LAKE, INC.</b>	<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>	<b>717 NORTH HARWOOD, STE. 1200</b>	<b>STREET ADDRESS</b>	<b>3000004193919--1</b>
<b>CITY-ST-ZIP</b>	<b>DALLAS TX 75201</b>	<b>CITY-ST-ZIP</b>	<b>-05/10/01--01108--012</b>
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	<b>****141.25 ****141.25</b>
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
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<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>DOCUMENT #</b>		<b>STREET ADDRESS</b>	
<b>NAME</b>		<b>CITY-ST-ZIP</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

**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:** SIGNATURE REQUIRED 4/27/01 561-998-11451

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

CR2E003 (11/00)