

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B93000000530**

1. Entity Name

TCR CONGRESS PARK LIMITED PARTNERSHIP

Principal Place of Business **2001 Bryan Street, Suite 3700** Mailing Address **2001 Bryan Street, Suite 3700**
717 NORTH HAWOOD, SUITE 1200 **717 NORTH HAWOOD, SUITE 1200**
DALLAS TX 75201 **DALLAS TX 75201**

APPROVED
AND
FILED

02 MAR 18 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business **2001 Bryan Street** Suite, Apt. #, etc. **Suite 3700** City & State **Dallas TX** Zip **75201** Country **USA**
 3. Mailing Address **2001 Bryan Street** Suite, Apt. #, etc. **Suite 3700** City & State **Dallas TX** Zip **75201** Country **USA**

DUE BY MAY 1, 2002

4. FEI Number **75-2511471** Applied For ☐ Not Applicable ☒

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$671,427.00** 10. Amount of Capital Contributions in FLORIDA to date. **\$671,427.00**

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 # **F93000005479**
 NAME **TCR SFA CONGRESS PARK, INC.**
 STREET ADDRESS **6400 CONGRESS AVE. STE. 2000**
 CITY-ST-ZIP **BOCA RATON FL 33487**

13. ADDRESS CHANGES ONLY

STREET ADDRESS _____
 CITY-ST-ZIP _____

STREET ADDRESS **100005173151--0**
 CITY-ST-ZIP **-03/28/02--01004--006**
******526.25 ****526.25**

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 NAME _____
 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:

Signature Required

3/14/02 **(561) 998-4451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

0016964 AT

CR2E003 (9/01)

STAPLE CHECK HERE