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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 AUG -7 AM 10: 02

[Handwritten signature]

717 NORTH HARWOOD. SUITE 1200
DALLAS TX 75201



3. Mailing Address

Suite, Apt. #, etc.

City & State

Applied For
Not Applicable

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

7. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

10. Amount of Capital Contributions
in FLORIDA to date. 87

**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 #	B93000000530
NAME	TCR CONGRESS PARK LIMITED PARTNERSHIP
STREET ADDRESS	6400 CONGRESS AVE. #2000
CITY-ST-ZIP	BOCA RATON FL 33487

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY - ST - ZIP

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date _____

Daytime Phone #

8-4-00 (561) 988.4451

CR2E003 (5/00)