

2001 UNIFORM BUSINESS REPORT (UBR)

0015162 AF

DOCUMENT # **B93000000532**

1. Entity Name

CONGRESS PARK CP LIMITED PARTNERSHIP

FILED

01 APR 27 PM 3:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 717 NORTH HARWOOD, SUITE 1200 DALLAS TX 75201	Mailing Address 717 NORTH HARWOOD, SUITE 1200 DALLAS TX 75201
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 75-2584413	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

4/27

7. Name and Address of New Registered Agent

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

FL Zip Code

8. The above named entity submits this statement for the _____ registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title of agent. Registered Agent signature required when reinstating.

9. Capital Contributions as Shown on record. \$8,748,828.00	10. Amount of Capital Contributions in FLORIDA to date. 18,748,828.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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.

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	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	300004193343--0
CITY-ST-ZIP	-05/10/01--01033--007
STREET ADDRESS	***526.25 ***526.25
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: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **4/27/01** **561-998-4451**
Date Daytime Phone #

CR2E003 (11/00)