

2001 UNIFORM BUSINESS REPORT (UBR)

0016162 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

75-2584413

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

Signature, typed or printed name of registered agent and title

Registered Agent signature required when reinstating)

DATE

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

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

13. ADDRESS CHANGES ONLY

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

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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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)