

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000532

1. Entity Name

CONGRESS PARK CP LIMITED PARTNERSHIP

FILED

02 MAR 18 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

Principal Place of Business
2001 Bryan Street, #3700
717 NORTH HARWOOD, SUITE 1200
DALLAS TX 75201

Mailing Address
2001 Bryan Street, #3700
717 NORTH HARWOOD, SUITE 1200
DALLAS TX 75201



2. Principal Place of Business

2001 Bryan Street

3. Mailing Address

2001 Bryan Street

Suite, Apt. #, etc.
Suite #3700

Suite, Apt. #, etc.
Suite #3700

DUE BY MAY 1, 2002

City & State
Dallas, TX

City & State
Dallas, TX

4. FEI Number
75-2584413

Applied For
Not Applicable

Zip
75001

Country
USA

Zip
75001

Country
USA

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

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

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

DATE

9. Capital Contributions as Shown on record. \$8,748,828.00

10. Amount of Capital Contributions in FLORIDA to date. \$8,748,828.00

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- #2100
CITY-ST-ZIP BOCA RATON FL 33487

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700005169047-0
-03/26/02--01044--020

****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/14/02 (561) 998-4451

Date

Daytime Phone #

CR2E003 (9/01)