

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B94000000291**

1. Entity Name
TCG/MFI, LIMITED PARTNERSHIP

Principal Place of Business
**1001 PENNSYLVANIA AVE., N.W.
SUITE 220 SOUTH
WASHINGTON DC 20004-2505**

Mailing Address
**1001 PENNSYLVANIA AVE., N.W.
SUITE 220 SOUTH
WASHINGTON DC 20004-2505**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JAN 30 PM 1:47



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 26, 2001

4. FEI Number **52-1881234**

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

Capital Contributions
Shown on record. **\$10,300.00**

10. Amount of Capital Contributions
in FLORIDA to date.

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 # **F94000003822**
NAME **TCG/MFI GENPAR CORP.**
STREET ADDRESS **1001 PENNSYLVANIA AVE., NW., SUITE 220 SO.**
CITY-ST-ZIP **WASHINGTON DC 20004-2505**

STREET ADDRESS

CITY-ST-ZIP

2001 FF \$160.85

2002 FF \$160.85

OP \$237.05

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

600004853596--1

-02/01/02--01060--001

******558.75 ****558.75**

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] **Daniel A. D'Amelio** 9/6/01 202-347-2626

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (5/01)