

2001 UNIFORM BUSINESS REPORT (UBR)

0017146 AF

DOCUMENT # B97000000046

1. Entity Name

FALCON TRACE PARTNERS LIMITED PARTNERSHIP

FILED

01 JUN -4 PM 12:22

SECRETARY OF STATE



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1800 WEST LOOP SOUTH, SUITE 850
HOUSTON TX 77027

Mailing Address

1800 WEST LOOP SOUTH, SUITE 850
HOUSTON TX 77027

2. Principal Place of Business

13790 NW 4th STREET

Suite, Apt. #, etc.

113

City & State

SUNRISE FL

Zip

33325

Country

USA

3. Mailing Address

13790 NW 4th STREET

Suite, Apt. #, etc.

113

City & State

SUNRISE FL

Zip

33325

Country

USA

4. FEI Number

76-0524154

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

9. Capital Contributions
as Shown on record.

\$3,807,712.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$1.00

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

DOCUMENT # P96000005795
NAME FOX CREEK DEVELOPMENT CORPORATION
STREET ADDRESS 4800 N FEDERAL HWY SUITE 105E
CITY-ST-ZIP BOCA RATON FL 33431

13. ADDRESS CHANGES ONLY

STREET ADDRESS 13790 NW 4th STREET, SUITE 113
CITY-ST-ZIP SUNRISE FL 33325

DOCUMENT #

NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

700004419497--8
-06/14/01--01043--024
*****52.50 *****52.50

DOCUMENT #

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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

4/26/01

Date

954-838-7100

Daytime Phone #

CR2E003 (11/00)