

2001 UNIFORM BUSINESS REPORT (UBR)

0020021 AB

DOCUMENT # B97000000709

1. Entity Name

TLG FORT LAUDERDALE L.P.

FILED
01 FEB 21 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**410 SEVERN AVE., STE. 314
ANNAPOLIS MD 21403**

Mailing Address
**410 SEVERN AVE., STE. 314
ANNAPOLIS MD 21403**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-6890193

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

**CT CORPORATION SYSTEM
% CT 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

9. Capital Contributions as Shown on record.

\$2,332.00

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 # **B97000000696**
NAME **THAYER FLORIDA PARTNERS L.P.**
STREET ADDRESS **410 SEVERN AVENUE, SUITE 314**
CITY-ST-ZIP **ANNAPOLIS MD 21403**

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS **400003768444--2**
CITY-ST-ZIP **--02/26/01--01137--001
****141.25 ****141.25**

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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: *George J. Weidner* **REQUIRED** *AND J. WEIDNER, JR* *1/18/01* *410-268-0515*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)