

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000232 AV

**DOCUMENT # B98000000546**  
1. Entity Name  
**FORT CLARKE LIMITED PARTNERSHIP**



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**03 MAY 15 PM 5:39**

Principal Place of Business  
**201 N. NEW YORK AVE., SUITE 200  
WINTER PARK FL 32789**

Mailing Address  
**201 N. NEW YORK AVE., SUITE 200  
WINTER PARK FL 32789**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
**6400 CONGRESS AVE.  
STE 2100  
BOCA RATON, FL  
33487**

Country  
**US**

**DUE BY MAY 1, 2003**

4. FEI Number **75-2779597**  
Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$3,300,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	<b>B98000000545</b>
NAME	<b>TCR FORT CLARKE LIMITED PARTNERSHIP</b>
STREET ADDRESS	<b>201 N. NEW YORK AVE., SUITE 200</b>
CITY-ST-ZIP	<b>WINTER PARK FL 32789</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
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CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	<b>600016077086 05/15/03--01035--006 **88.75</b>
STREET ADDRESS	
CITY-ST-ZIP	<b>600016077086 04/15/03--01071--012 **437.50</b>
STREET ADDRESS	
CITY-ST-ZIP	
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

By: **TCR Fort Clarke LP**  
By: **TCR Fort Clarke, Inc.**  
SIGNATURE: **[Signature]** Date: **3-28-03** Daytime Phone #: **561-998-4451**

STATE CHECK HERE

CR2E003 (10/02)