

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0000220 AV

DOCUMENT # B98000000606



1. Entity Name
TCR CRESCENT PLACE LIMITED PARTNERSHIP

FILED

03 MAY 12 PM 1:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Principal Place of Business 201 N. NEW YORK AVE. STE 200 WINTER PARK FL 32789	Mailing Address 201 N. NEW YORK AVE. STE 200 WINTER PARK FL 32789
---	---

2. Principal Place of Business	3. Mailing Address 6400 CONGRESS AVE.	
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE 2100	
City & State	City & State BOCA RATON, FL	
Zip	Country	Zip 33487 Country US

DUE BY MAY 1, 2003

4. FEI Number 75-2785047	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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. **\$495,000.00**

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 #	F98000004774
NAME	TCR CRESCENT, INC.
STREET ADDRESS	201 N. NEW YORK AVE., STE 200
CITY-ST-ZIP	WINTER PARK FL 32789
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	600016066436
CITY-ST-ZIP	05/12/03 01105 001 **98.25
STREET ADDRESS	600016066436
CITY-ST-ZIP	04/15/03 01034 018 **437.50
STREET ADDRESS	
CITY-ST-ZIP	
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

SIGNATURE: *TCR Crescent Place LP*
By: TCR Crescent, Inc.
SIGNATURE RASHARI SKICHARAT **3.28.03** **561-998-4451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CPRE003 (10/02)