

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
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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 **Shari Skiharat** 3.28.03 561-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CPRE003 (10/02)