

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 21 AM 9:37

DOCUMENT # B99000000008

1. Entity Name
LEGACY DUNES LIMITED PARTNERSHIP



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

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

2. Principal Place of Business
495 N. Keller Rd.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02092005 Chg-LP CR2E003 (10/03)

City & State
Maitland, FL

City & State

4. FEI Number
75-2799797

Applied For
Not Applicable

Zip
32751

Country
USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record. \$5,256,126.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # B99000000126
NAME TCR LEGACY DUNES LIMITED PARTNERSHIP
STREET ADDRESS 201 N. NEW YORK AVE., STE 200
CITY-ST-ZIP WINTER PARK, FL 32789

STREET ADDRESS 495 North Keller Road
CITY-ST-ZIP Maitland, FL 32751

DOCUMENT #
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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: *Deborah Assistant*

2.14.05

501-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Secretary of SP

STAPLE CHECK HERE