

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B99000000125**

1. Entity Name

TCR MAITLAND CROSSING LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
141.25

00 MAY 12 PM 1:33

Principal Place of Business 717 NORTH HARWOOD, SUITE 1200, L.B. 128 DALLAS TX 75201	Mailing Address 717 NORTH HARWOOD, SUITE 1200, L.B. 128 DALLAS TX 75201-6538
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 201 N. New York Ave.	3. Mailing Address 201 N. New York Ave.
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Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
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City & State Winter Park, FL	City & State Winter Park, FL	4. FEI Number 75-2809405	Applied For Not Applicable
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Zip 32789	Country US	Zip 32789	Country US	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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
State 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 _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date. 99.00	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	F99000001324 TCR CROSSING, INC. 717 NORTH HARWOOD, SUITE 1200, L.B. 128 DALLAS TX 75201	STREET ADDRESS CITY - ST - ZIP	201 N. New York Ave., Suite 200 Winter Park, FL 32789
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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: *[Signature]* **SIGNATURE REQUIRED** *4/27/00* *407-975-6126*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #