2000	UNIFORM	BUSINESS	REPORT	(UBR)
	41111 411111			\ —,

DOCUMENT-# B9900000130 1. Entity Name MAITLAND CROSSING LIMITED PARTNERSHIP					,				474B - A	
					FILED					
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			SUITE 1200. L.B. 128		3	! ! ! ! ! !	00-MAY 1			100 11 (20 1
Principal Place of Business 3. Mailing Address			1_							
201 N. New York Ave. Suite Apt. #, etc. Suite 200		201 N. New York Ave. Suite, Apt. #, etc. Suite 200			DO NOT WRITE IN THIS SPACE				•	
City & State Winter Park, FL		City & State				4. FEI Number 75–2809				pplicable
Zip 327<u>89</u>	Country US	Zip 32789	Coun US	try			f Status Desired	□ Fe	8.75 Addition Required	nal
	6. Name and Address of Current	Registered Agent		Name		7. Name and A	Address of New Re	egistered Ag	ent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET				Street A	ddress (P	O. Box Number	is Not Acceptable)			
_	SSEE FL 32301-2525					· -				
				City				FL	Zip Code	
8. The above	named entity submits this statement for	r the purpose of changing its	register	ed office or	registere	ed agent, or both	, in the State of Flor	ida.		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE			ure required v	when reinstating)		DATE		
9. Capital Contributions as Shown on record. \$99.00 10. Amount of Capital Cor in FLORIDA to date.			ate.	14,(X69,	589.00		E SIDE FOR	O DEPT. OF ST FEE INFORMA	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS EN Y NOT be changed on th	TITY M le form	; an ame	REGIST ndment	must be filed	to change a ge	s OFFICE. neral partn	er.	
12. GENERAL PARTNER INFORMATION			13.				ADDRESS CHA	NGES ONLY	W.F.	_@
DOCUMENT # NAME STREET ADDRESS	TCR MAITLAND CROSSING LIMITED PARTNERSHIP			ET ADDRESS			ork Ave.,	Suite 2	00	72E003 (9/99)
CITY-ST-ZIP	DALLAS TX 75201			- 31 - 23r	Wint	er Park,	FL 32789		· 	CRZE
DOCUMENT # NAME STREET ADDRESS	,			ET ADORESS				<u>.</u>		
CITY-ST-ZIP	·		СПУ	-ST-ZIP i					_	
DOCUMENT # NAME STREET ADDRESS			STR	ET ADDRESS	FF 18526.25		,,25			
CITY-ST-ZIP			СПУ	-ST-ZIP						
DOCUMENT# NAME	·		STR	EET ADDRESS			-05/16/ ***227	/0001/	02301: ****526.	3
STREET ADDRESS CITY - ST - ZIP	:		ÇITY	-ST-ZIP			The bas 1		/	
DOCUMENT# NAME			STR	ET ADDRESS				<u>.</u>		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP						
DOCUMENT#			STRI	ET ADDRESS						
NAME Street address City-ST-ZIP			CITY	-ST-ZIP						
14. I hereby o	certify that the information supplied with	this filing does not qualify for	the exe	mption sta	ted in Sec	ction 119.07(3)(i)	, Florida Statutes. I	further certify	y that the infor	mation nership or

indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes



4/27/00