


2000 UNIFORM BUSINESS REPORT (UBR)

0314741 N

DOCUMENT # B99000000130
 1. Entity Name
MAITLAND CROSSING LIMITED PARTNERSHIP

FILED
 00-MAY 16 PM 10:01
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
 717 NORTH HARWOOD, SUITE 1200, L.B. 128 717 NORTH HARWOOD, SUITE 1200, L.B. 128
 DALLAS TX 75201 DALLAS TX 75201-6538

2. Principal Place of Business 3. Mailing Address
201 N. New York Ave. **201 N. New York Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 200 **Suite 200**
 City & State City & State
Winter Park, FL **Winter Park, FL**
 Zip Country Zip Country
32789 **US** **32789** **US**

4. FEI Number Applied For
75-2809943 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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.

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. **\$4,069,589.00** 11. MAKE CHECK PAYABLE TO 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 #	B99000000125
NAME	TCR MAITLAND CROSSING LIMITED PARTNERSHIP
STREET ADDRESS	717 NORTH HARWOOD, SUITE 1200, L.B. 128
CITY - ST - ZIP	DALLAS TX 75201
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	201 N. New York Ave., Suite 200
CITY - ST - ZIP	Winter Park, FL 32789
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	FF #526.25
CITY - ST - ZIP	
STREET ADDRESS	000003254310--0
CITY - ST - ZIP	-05/16/00--01029--013
	2276.25 **526.25
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: *[Signature]* **SIGNATURE REQUIRED** Date 4/27/00 Daytime Phone # 407-975-6126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CR2E003 (9/99)