

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

00002899 AV

DOCUMENT # B99000000130

1. Entity Name
MAITLAND CROSSING LIMITED PARTNERSHIP



FILED

03 MAY 12 PM 1:30

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address
6400 CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
STE 2100

DUE BY MAY 1, 2003

City & State

City & State
BOCA RATON FL

4. FEI Number **75-2809943**

Applied For
Not Applicable

Zip

Country

Zip
33487

Country
US

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. **\$4,069,589.00**

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 #	B99000000125
NAME	TCR MAITLAND CROSSING LIMITED PARTNERSHIP
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	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500016237715
CITY-ST-ZIP	05/12/03--01036--006 **88.75
STREET ADDRESS	500016237715
CITY-ST-ZIP	04/18/03--01019--022 **497.50
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

By: **TCR Maitland Crossing LP**
By: **TCR Crossing, Inc.**
SIGNATURE: [Signature] Date: **3-28-03** Daytime Phone #: **561-998-4451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

00002899 (11/02)

STAPLE CHECK HERE