

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **B99000000358**

1. Entity Name
TCR WORLD GATEWAY II LIMITED PARTNERSHIP



FILED

03 APR 18 PM 12:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

Mailing Address
**201 N. NEW YORK AVE., SUITE 200
WINTER PARK FL 32789**

2. Principal Place of Business

3. Mailing Address
6400 CONGRESS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 2100

City & State

City & State
BOCA RATON, FL

Zip

Country

Zip
33487

Country

US

DUE BY MAY 1, 2003

4. FEI Number **75-2840987**

Applied For

Not Applicable

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.

\$99.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # **F99000004720**
NAME **TCR GATEWAY, INC.**
STREET ADDRESS **201 N. NEW YORK AVE., SUITE 200**
CITY-ST-ZIP **WINTER PARK FL 32789**

STREET ADDRESS

CITY-ST-ZIP

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000016237270

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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: **TCR World Gateway II LP**
Shari Steinhorat 3-28-03 351-998-4451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)