## 2002 UNIFORM BUSINESS REPORT (UBR)

STAPLE CHECK HERE

DOCUMENT # B9900000426							FILED			
TCR DEVELOPMENT BVG LIMITED PARTNERSHIP								02 MAR -5	AM 9: 3	35
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			SECRETARY OF STATE TALLAHASSEE. FLORIDA			
2. Principal Place of Business				3. Mailing Address			- \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			DUE BY MAY 1, 2002			
City & State				City & State			4. FEI Number	75-2848510		Applied For Not Applicable
Zip	ip Country			Zip	Coun	try	5. Certificate of Status Desired			
	6. Name	and Address	of Current R	egistered Agent			7. Name and A	Address of New Ro	egistered Ag	ent
CORPORATION SERVICE COMPANY 1201 HAYS STREET						Name Street Address	(P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 32301-2525						Cib	<b>Zip Code</b>			
					naina ita ragistar	City				
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 Signature, typed or printed name of registered agent and title if applicable.  DATE  11. MAKE CHECK PAYABLE TO DEPT. OF STATE										
9. Capital Contributions as Shown on record.  \$99.00  10. Amount of Capital Contributions in FLORIDA to date.								SEE REVERS	SE 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 #	F990000									1
NAME	TCR BVG				STRE	EET ADDRESS				
STREET ADDRESS	DRESS 201 N. NEW YORK AVE., #200					CT 7/D				
CITY-ST-ZIP		PARK FL 32			CSTY	-ST-ZIP			~~~34	<u></u>
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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 62  A SO A S										
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Daytime Phone #										