

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B99000000470

1. Entity Name
 TC DEERWOOD COMMERCE CENTER LP

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 00 APR 27 AM 3:05

Principal Place of Business **Mailing Address**

2001 Ross Avenue 2001 Ross Avenue
 Suite 3400 Suite 3400
 Dallas, TX 75201 Dallas, TX 75201

2. Principal Place of Business **3. Mailing Address**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number
 75-2851602

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Applied For
 Not Applicable

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. \$1,250,000 **10. Amount of Capital Contributions in FLORIDA to date.** \$1,250,000 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	F99000006695	STREET ADDRESS	
NAME	Trammell Crow Deerwood Commerce Center, Inc.	CITY-ST-ZIP	
STREET ADDRESS	2001 Ross Ave., #3400 Dallas, TX 75201		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	200003260702--8
NAME		CITY-ST-ZIP	-05/19/00--01134--022
STREET ADDRESS			****526.25 ****526.25
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		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: Trammell Crow Deerwood Commerce Center, Inc.

SIGNATURE: *Trammell Crow* 425-00 214/863-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)