## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2001 8:00 am Secretary of State DOCUMENT # F9900002387 TCR N.F. MULTI-FAMILY II. INC. 05-05-2001 91095 031 \*\*\*150.00 Principal Place of Business Mailing Address 201 N NEW YORK AVE 201 N NEW YORK AVE STE 200 STE 200 WINTER PARK FL 32789 WINTER PARK FL 32789 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 75-2817982 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition VPD ☐ Delete TITLE TITLE TERWILLIGER, J. RONALD NAME STREET ADDRESS 2859 PACES FERRY ROAD STE 1100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ATLANTA GA 30339 ☐ Addition ☐ Change TITLE **VPD** ☐ Delete TITLE NAME CROW, HARLAN R NAME STREET ADDRESS 2001 ROSS AVE., SUITE 3200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 ☐ Change ☐ Addition TITLE Delete TITLE HOEKSEMA, DOUGLAS A NAME NAME STREET ADDRESS 201 N NEW YORK AVE STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Addition Change TITLE Delete TITLE COLLINS, MICHAEL NAME NAME STREET ADDRESS 1810 GATEWAY DRIVE #100 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SAN MATEO CA 94404 ☐ Addition V5T Change Change ☐ Delete TITLE TITLE PATTERSON, THOMAS J NAME NAME STREET ADDRESS STREET ADDRESS 717 N. HARWOOD, SUITE 1200 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florda Statutes. I further certify that the information point is true and accurate and that my signature shall have the same legal effect as a made under oath; that I am an officer or director exemption of the execute his report as required by Chapter 607, Florida Statutes; and that ply name appears in Block 11 or Block 12 in the exemption of 13. I hereby certify that the information supplig made under oath; that I am an officer or director hd that by name appears in Block 11 or Block 12 if indicated on this report or supplemental g of the corporation or the receiver or trus changed, or on an attachment with an

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #