

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L99000007125**

1. Entity Name

**TCB FLORIDA MULTIFAMILY HOUSING LLC**

Principal Place of Business

**2914 112TH TERRACE STREET  
PARRISH FL 34219**

Mailing Address

**2914 112TH TERRACE STREET  
PARRISH FL 34219**

2. Principal Place of Business

**1200 South Pine Island Road**

Suite, Apt. #, etc.

3. Mailing Address

**95 Berkeley Street**

Suite, Apt. #, etc.

City &amp; State

**Plantation FL**

Zip

**33324**

Country

City &amp; State

**Boston MA**

Zip

**02116**

Country

4. FEI Number

**04-2324773**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CLANCY, PATRICK E</b>	
STREET ADDRESS	<b>95 BERKELEY ST., SUITE 500</b>	
CITY-ST-ZIP	<b>BOSTON MA 02116</b>	

TITLE	<b>MGR</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KLEIN, JONATHAN</b>	
STREET ADDRESS	<b>95 BERKELEY ST., SUITE 500</b>	
CITY-ST-ZIP	<b>BOSTON MA 02116</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE	<b>MGR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TCB Florida Affordable Housing, Inc.</b>	
STREET ADDRESS	<b>c/o The Community Builders, Inc.</b>	
CITY-ST-ZIP	<b>95 Berkeley St., Boston MA 02116</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

By: **TCB Florida Affordable Housing, Inc., its sole managing member**SIGNATURE **Beverly J. Baker, Authorized Rep. 2/8/02 617 695 9595**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**FILED  
Feb 18, 2002 8:00 am  
Secretary of State**

02-18-2002 90168 034 \*\*\*\*50.00

**924416**

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)