

# 2002 UNIFORM BUSINESS REPORT (UBR)

0007689 AT

**DOCUMENT # A01000001535**  
 1. Entity Name  
**FCLC PARTNERS 19, LTD.**

APPROVED  
AND  
FILED

02 APR -3 AM 8:58  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



Principal Place of Business: **300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746**  
 Mailing Address: **300 INTERNATIONAL PARKWAY, SUITE 130 HEATHROW FL 32746**

2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

**DUE BY MAY 1, 2002**

City & State

4. FEI Number: **74-3027220**  
 Applied For:  Not Applicable

Zip: Country

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

6. Name and Address of Current Registered Agent  
**CHRISTY, KATHERINE A**  
**300 INTERNATIONAL PARKWAY, SUITE 130**  
**HEATHROW FL 32746**

7. Name and Address of New Registered Agent  
 Name: **Selby, C. Thomas**  
 Street Address (P.O. Box Number is Not Acceptable): **300 International Parkway**  
**Suite 130**  
 City: **Heathrow** FL Zip Code: **32746**

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: *C. Thomas Selby* **C. Thomas Selby, President** DATE: **3-21-02**

9. Capital Contributions as Shown on record: **\$100.00**

10. Amount of Capital Contributions in FLORIDA to date.

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	
DOCUMENT #	<b>P01000110617</b>
NAME	<b>FCLC 19, 8NC</b>
STREET ADDRESS	<b>300 INTERNATIONAL PARKWAY, SUITE 130</b>
CITY-ST-ZIP	<b>HEATHROW FL 32746</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>600005235136--2</b>
CITY-ST-ZIP	<b>-04/10/02--01036--017</b>
STREET ADDRESS	<b>***141.25 ***141.25</b>
CITY-ST-ZIP	
STREET ADDRESS	
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

SIGNATURE: *C. Thomas Selby* **C. Thomas Selby** DATE: **3-21-02** DAYTIME PHONE #: **407-333-1604**

STAPLE CHECK HERE

CR2E003 (9/01)