2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
08 MAY -1 PM 12:28

DOCUMENT # A30522

1. Entity Name
TCMHP, LTD.

Principal Place of Business
5001 PHILLIPS HIGHWAY, #7B
JACKSONVILLE FL 32207

Mailing Address
5001 PHILLIPS HIGHWAY, #7B
JACKSONVILLE FL 32207

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E003 (10/07)

4. FEI Number 59-3024635 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
HANSON, KARL B., JR.
200 LAURA STREET, 12TH FLOOR
JACKSONVILLE FL 32207

7. Name and Address of New Registered Agent
Name: Kenneth Drummond
Street Address (P.O. Box Number is Not Acceptable): 5001 Phillips Hwy #7B
City: Jacksonville FL Zip Code: 32207

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] VP Southern Property Planners, LP 4/11/08
Signature, typed or printed name of registered agent and title if applicable — DATE

FILE NOW!!! Fee is $500. * After May 1, 2008, fee will be $900. *** Make check payable to Florida Department of State.**

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 #	J04498	STREET ADDRESS	
NAME	SOUTHRN PROP. PLNRS.,INC		
STREET ADDRESS	5001 PHILLIPS HWY, #7B	CITY-ST-ZIP	
CITY-ST-ZIP	JACKSONVILLE FL		
DOCUMENT #		STREET ADDRESS	400127324144
NAME			
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [signature] A.T. Parsons Jr. 4/11/08 904-737-1245
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #