

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 JAN 27 PM 1:35



1. Name of Limited Partnership TSC BOCA, LTD.	1a. DOCUMENT # A94000001647
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Mailing Address 2000 GLADES ROAD, SUITE 908 BOCA RATON FL 33431	Principal Office Address 2000 GLADES ROAD, SUITE 908 BOCA RATON FL 33431	3. Date Formed or Registered 12/06/1994	5a. Capital Contributions as Shown on record. \$1,007,000.00
2. Mailing Address 333 W. Camino Gardens Blvd Suite, Apt. #, etc. # 200	2a. Principal Office Address 333 W Camino Gardens Blvd Suite, Apt. #, etc. # 200	3a. Date of Last Report 12/21/1995	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Boca Raton FL	City & State Boca Raton FL	4. State or Country of Formation FL	
Zip 33432 Country USA	Zip 33432 Country USA	6. FEI Number 65-0538328	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent COLEMAN, T. SCOTT 2000 GLADES ROAD, SUITE 908 BOCA RATON FL 33431	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 333 W. Camino Gardens Blvd. Suite, Apt. #, etc. # 200 City Boca Raton Zip Code FL 33432
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) TSC BOCA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2000 GLADES ROAD, SUI	11b. City, State & Zip Code BOCA RATON FL 33431	11c. Registration/Document Number P94000088212
		200002075342--0 -02/03/97--01013--003 ****541.25 ****541.25	KWM

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE **X** *T. Scott Coleman* DATE **12/24/96**
Typed or Printed Name of General Partner Signing Form **T. Scott Coleman** Daytime Telephone Number **561 361 9150**

CR2E003 (6/96)