

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

1. Name of Limited Partnership
TLC FUND I, LTD.

1a. DOCUMENT #
A95000000025



AP 1/15

Mailing Address 1777 TAMiami TRAIL SUITE 302 PORT CHARLOTTE FL 33948		Principal Office Address 1777 TAMiami TRAIL SUITE 302 PORT CHARLOTTE FL 33948		3. Date Formed or Registered 01/05/1995	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 01/03/1996	
Suite, Apt #, etc.		Suite, Apt #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: \$15,900.00
City & State		City & State		6. FEI Number 65-0545571 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip		Zip		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)
Country		Country			

9. Name and Address of Current Registered Agent PLATT, DANIEL B 1777 TAMiami TRAIL, SUITE 302 PORT CHARLOTTE FL 33948	10. If changed, new Registered Agent/Office Name 3000002061763-2 Street Address (P.O. Box Number Is Not Accepted) 1777 TAMiami TRAIL SUITE 302 SUITE, APT. #, ETC. ***250.05 ***250.05 City FL Zip Code
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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 12-31-96

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
UNITED CAPITAL MANAGEMENT, I	1777 TAMiami TRAIL, S	PORT CHARLOTTE FL 339	P94000033555

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 DATE 12-31-96

Typed or Printed Name of General Partner Signing Form **Daniel B. Platt, President** Daytime Telephone Number **941-255-9311**

CR2E003 (6/96)