

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 DEC 22 PM 3:59 *untz*
12/29



1. Name of Limited Partnership

1a. DOCUMENT #
A93000000965

T.S. MARGATE CO., LTD.

Mailing Address
RMC Realty Companies, Ltd.
PO BOX 11229
ATTEN: RUTH
KNOXVILLE TN 37839

Principal Office Address
RMC Realty Companies, Ltd.
PO BOX 11229
ATTEN: RUTH
KNOXVILLE TN 37839

3. Date Formed or Registered

09/23/1993

5a. Capital Contributions as Shown on record.

\$90,000.00

3a. Date of Last Report

12/26/1996

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation

FL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. FEI Number

65-0437957

Applied For
 Not Applicable

City & State

City & State

7. Certificate of Status Desired

\$8.75 Additional Fee Required

Zip Country

Zip Country

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CLIFFORD L. WALTERS
802 11TH STREET WEST
BRADENTON FL 34205

10. If changed, new Registered Agent/Office

Name **400002388874--2**
Street Address (P.O. Box Number Is Not Accepted) **01705/98-01006-031**
Suite, Apt. #, etc. ******541.25 ****541.25**
City **FL** Zip Code

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)

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/ Document Number

MARGATE CORPORATE, INC.

1733 W. FLETCHER AVENUE

TAMPA FL 33612

P94000085839

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 _____

Suzanne L Rice

DATE

12/6/97

Typed or Printed Name of General Partner Signing Form

SUZANNE L RICE

Daytime Telephone Number

813-960-8154

CR2E03 (6/97)