


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

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|--|--|---|--|---|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p> | | <p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 MAR -3 PM 2:19</p> | |
| 1. Name of Limited Partnership TSB I, Ltd. | | 1a. DOCUMENT # A97000001568 | | | |
| Mailing Address 11221 St. Johns Industrial Parkway Jacksonville, FL 32246 | | Principal Office Address | | 3. Date Formed or Registered 7/17/97 | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 3a. Date of Last Report 4. State or Country of Formation USA | |
| 5a. Capital Contributions as Shown on record \$200.00 | | 5b. Amount of Capital Contributions in FLORIDA to date: 0.00 | | 6. FEI Number 59-3494246 | |
| 7. Certificate of Status Desired | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$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 TSB I, Inc. 11221 St. Johns Industrial Parkway Jacksonville, FL 32246 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City | |
| | | 788882447657--7 -03/05/98--01007--018 ***156.25 FL ***156.25 | |

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) TSB I, Inc. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11221 St. Johns Industrial Parkway | 11b. City, State & Zip Code Jacksonville, FL 32246 | 11c. Registration/Document Number P97000051846 |
|--|---|---|---|

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 effect 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 _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/97)