

**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

**FILED**  
**Mar 09, 2007 08:00 A**  
**Secretary of State**

|                                                                  |                                                                                   |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # A30522</b><br>1. Entity Name<br><b>TCMHP, LTD.</b> |  |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|

|                                                                                            |                                                                                |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5001 PHILLIPS HIGHWAY, #7B<br/>JACKSONVILLE FL 32207</b> | Mailing Address<br><b>5001 PHILLIPS HIGHWAY, #7B<br/>JACKSONVILLE FL 32207</b> |
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|                                                                                                                     |                                                                                         |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip<br>Country |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|

1st MOORE CR2E003 (10/06)

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-3024635</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

|                                                                                                                                               |                                                                                                                                                         |
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| 6. Name and Address of Current Registered Agent<br><br><b>HANSON, KARL B., JR.<br/>200 LAURA STREET, 12TH FLOOR<br/>JACKSONVILLE FL 32207</b> | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br><br>City<br><b>FL</b> Zip Code |
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2007, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

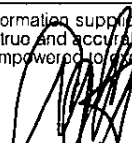
**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION                       |                                                                                            | 13. ADDRESS CHANGES ONLY        |                                                   |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------|---------------------------------------------------|
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | <b>J04498<br/>SOUTHRN PROP. PLNRS., INC<br/>5001 PHILLIPS HWY, #7B<br/>JACKSONVILLE FL</b> | STREET ADDRESS<br>CITY- ST- ZIP |                                                   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                            | STREET ADDRESS<br>CITY- ST- ZIP | <b>U00000661703<br/>03/20/07-80051-021 500.00</b> |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                            | STREET ADDRESS<br>CITY- ST- ZIP |                                                   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                            | STREET ADDRESS<br>CITY- ST- ZIP |                                                   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                            | STREET ADDRESS<br>CITY- ST- ZIP |                                                   |
| DOCUMENT #<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |                                                                                            | STREET ADDRESS<br>CITY- ST- ZIP |                                                   |

STABLE 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:**

  
**A.T. Parsons, Jr.** 2/15/07 904-737-1245  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #