

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

97 DEC 26 AM 10:14

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|---|---------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A25601 |
| TC RESIDENTIAL NORTH FLORIDA LIMITED PARTNERSHIP | |



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| Mailing Address 541 S ORLANDO AVE STE 210 MAITLAND FL 32751 | Principal Office Address 541 S ORLANDO AVE STE 210 MAITLAND FL 32751 |
| 2. Mailing Address | 2a. Principal Office Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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|---|---|
| 3. Date Formed or Registered 12/14/1987 | 5a. Capital Contributions as Shown on record \$99.00 |
| 3a. Date of Last Report 12/06/1996 | |
| 4. State or Country of Formation TX | 5b. Amount of Capital Contributions in FLORIDA to date: 99.00 |
| 6. FEI Number 75-2149482 | <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) | |

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| 9. Name and Address of Current Registered Agent HOEKSEMA, DOUGLAS A. 541 S ORLANDO AVE STE 210 MAITLAND FL 32751 |
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| 10. If changed, new Registered Agent/Office |
| Name |
| Street Address (P.O. Box Number is Not Acceptable) |
| Suite, Apt. #, etc. |
| City FL Zip Code |

10a. Pursuant to the provisions of sections 620.10(1) 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. Registry/Document Number |
|-----------------------------------|---|-----------------------------|-------------------------------|
| TC RESIDENTIAL N. FL INC | 541 S ORLANDO AVE STE 210 | MAITLAND FL | P15286 |
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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 TC Residential N. FL Inc. *John C. Zanolwick Asst Sec* DATE *12/12/97*
 Typed or Printed Name of General Partner Signing Form John C. Zanolwick Daytime Telephone Number _____

CR25003 (6/97)