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

LIMITED PARTNERSHIP
*AÑNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A27373**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 OCT -6 AM 9: 13



TAMPA INDUSTRIAL FINAI	NCE LIMITED PARTNERSHI	IP .	4 1841674 #818 *1811 (1886 8 7)(() (1811
Mailing Address 2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201 2. Mailing Address Suite, Apt. #, etc. City & State	Principal Office Address 2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201 28. Principal Office Address Suite, Apt. #, etc. City & State		3. Date Formed or Registered 11/14/1988 3a. Date of Last Report 09/24/1996 4. State or Country of Formation TX 6. FEI Number 75-2213110	58. Capital Contributions as Shown on record. \$99.00 5b. Amount of Capital Contributions in FLORIDA to date Applied For Not Applicable	
Zip Country	Zip C	ountry	7. Certificate of Status Desired 8. Make check payable to: Dept. of	ed \$8.75 Additional Fee Required ept. of State (See reverse side for fee information)	
for the purpose of changing its registered office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATIO		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code P-named limited partnership organized or registered under the laws of the State of Fiorida, submits this statement of Fiorida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered OATE N, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY AND ACTIVE WITH THIS OFFICE.			
11. Name(s) of Goneral Partnor(s) TCC TAMPA INDUSTRIAL, INC	Address of Each General P 11a. (Do NOT Use Post Office Box N 2001 ROSS AVENUE, #35	ertner Numbers) 11b.		11c.	Registration/ Document Number
Note: General partners MAV	NOT be changed on this form;	an amendm	<u> </u>	′9701 6. 25	107014 ****156.25
Troter deliteral partitions with	1107 be changed on the form,	- an amonam	circulate be med to che	inge a g	silorai partifer.

12. I do hereby certify that the information supplied with this filling 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-find 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

Typed or Printed Name of General Partner Signing Form

TCC Tampa Industrial Inc, VP

Daytime Telephone Number

214/863-4000