

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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

1. Name of Limited Partnership

1a. DOCUMENT #
A28923

TSC SUNRISE, LTD.



JL/22

Mailing Address

333 W. CAMINO GARDENS BLVD. SUITE 200
BOCA RATON FL 33432

Principal Office Address

333 W. CAMINO GARDENS BLVD. SUITE 200
BOCA RATON FL 33432

3. Date Formed or Registered

09/19/1989

5a. Capital Contributions as Shown on record.

\$2,000.00

3a. Date of Last Report

12/23/1996

5b. Amount of Capital Contributions in FLORIDA to date

156.25

4. State or Country of Formation

FL

6. FEI Number

65-0145544

Applied For
 Not Applicable

7. Certificate of Status Desired

\$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

GRAGG, K. LAWRENCE
% WHITE & CASE
200 SOUTH BISCAYNE BLVD.
MIAMI, FL FL 33131

10. If changed, new Registered Agent/Office

Name **T. Scott Coleman**
Street Address (P.O. Box Number Is Not Acceptable) **333 W. CAMINO GARDENS BLVD**
Suite, Apt. #, etc. **200**
City **BOCA RATON** FL Zip Code **33432**

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)

T. Scott Coleman

DATE **1/12/98**

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)

TSC SUNRISE, INC.

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

~~2000 GLADES RD, #300~~
333 W. CAMINO GARDENS BLVD
Suite 200

11b. City, State & Zip Code

BOCA RATON FL 33432

11c. Registration/Document Number

L12933

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***156.25 ***156.25

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

T. Scott Coleman

DATE

12/16/97

Typed or Printed Name of General Partner Signing Form

T. Scott Coleman

Daytime Telephone Number

561/361-9150

CR2E003 (6/97)