

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR - 8 AM 9:32



1. Name of Limited Partnership	1a. DOCUMENT # A30675
TFS-19, LTD.	

Mailing Address 11300 4TH ST. N., STE. 200 ST. PETERSBURG FL 33716	Principal Office Address 11300 4TH ST. N., STE. 200 ST. PETERSBURG FL 33716	3. Date Formed or Registered 10/05/1990	5a. Capital Contributions as Shown on record. \$99.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/03/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-3030297	
Zip	Country	Zip	Country
		7. Certificate of Status Desired	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
TFS-19, INC. 11300 4TH ST. N., STE. 200 ST. PETERSBURG FL 33716	Name
	Street Address (P.O. Box Number Is Not Acceptable)
	Suite, Apt. #, etc.
	City
	FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TFS-19, INC.	5850 CENTRAL AVE. 11300 4th street North, Suite 200	ST. PETERSBURG FL 33716	K67097
<p>800002488048--8 -04/14/98--01052--024 ****150.00 ****150.00</p>			

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

DATE

3/20/98

Typed or Printed Name of General Partner Signing Form

Pamela J. Stross, Vice Pres

Daytime Telephone Number

(813) 577-5522

CR2E003 (12/97)