


**2005 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2005**

✓ **FILED**
Feb 19, 2005 08:00 AM
Secretary of State

DOCUMENT # A92000000119			
1. Entity Name TSC PLANTATION, LTD.			
Principal Place of Business 333 W. CAMINO GARDENS BLVD, SUITE 200 BOCA RATON FL 33432		Mailing Address 333 W. CAMINO GARDENS BLVD, SUITE 200 BOCA RATON FL 33432	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 65-0379115		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLEMAN, T. SCOTT 333 W. CAMINO GARDENS BLVD, SUITE 200 BOCA RATON FL 33432		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Signature, typed or printed name of registered agent and title if applicable</i>		DATE	
9. Capital Contributions as Shown on record. \$990.00		10. Amount of Capital Contributions in FLORIDA to date	
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 #	P92000009443	STREET ADDRESS	
NAME	TSC PLANTATION, INC.	CITY- ST- ZIP	
STREET ADDRESS	333 W. CAMINO GARDENS BLVD, SUITE 200		
CITY- ST- ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	000000235721
NAME		CITY- ST- ZIP	02/19/05-80016-011 141.25
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CITY- ST- ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2/11/05

Date

Daytime Phone #

STAPLE CHECK HERE