


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

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

<b>DOCUMENT # A93000001285</b> 1. Entity Name TSC RAMBLEWOOD, LTD.	
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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
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2. Principal Place of Business Suite, Apt #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



1ST MOORE CR2E003 (10/04)

6. Name and Address of Current Registered Agent  COLEMAN, T. SCOTT 333 W. CAMINO GARDENS BLVD, SUITE 200 BOCA RATON FL 33432	
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4. FEI Number 65-0452354	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE
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**11. FILE NOW!!! Due by May 1, 2005.**  
**See Block 11 instructions for fee info.**


9. Capital Contributions as Shown on record. \$742,500.00	10. Amount of Capital Contributions in FLORIDA to date.
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**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 #	P93000082628	STREET ADDRESS	
NAME	TSC RAMBLEWOOD, INC.	CITY-ST-ZIP	02/19/05-80013-024 526.25
STREET ADDRESS	333 W. CAMINO GARDENS BLVD, SUITE 200		
CITY-ST-ZIP	BOCA RATON FL 33432		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

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: 	2/11/05	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			