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

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 # **A9500000080**

TAMPA COMMERCIAL INVESTORS, LTD.

98-AP/cus

FILED
97 NOV 20 AM 9: 12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | 1 | | | | |
|--|--|--|---|---|--------------|---|--|
| Mailing Address | Principal Offico Address | | 3. | 3. Dale Formed or Registered | | 5a. Capital Contributions as Shown on record | |
| 400 EAST SOUTH STREET, SUITE 500 | 400 EAST SOUTH STREET. SUITE 500 ORLANDO FL 32801 | | | 01/13/1995 3a. Date of Last Report | | \$5,000,000.00 | |
| ORLANDO FL 32801 | | | 3 | | | | |
| | | | | 01/21/1997 | 5b. Amor | int of Capital ibutions in FLORIDA | |
| 2. Malling Address | 2a. Principal Office Address | | 4. | State or Country of Formation | to da | е. | |
| | | | | FL | | 5,000,000.00 | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6. FEI Number | | Applied for | |
| City & State | City & State | | | 59-3290433 | | | |
| Zip Country | 7.0 | Zip Country | | 7. Certificate of Status Desired \$8.75 Additional Feo Required | | \$8.75 Additional | |
| Zip Coonity | Στρ Col | | 8. Make check payable to: Dopt. of State (See reverse side for foe in | | | | |
| | | | 1 | | | | |
| 9. Name and Address of Current Registered Agent | | 10. If changed, new Registered Agent/Office | | | | | |
| BOURNE, ROBERT A | | Name | | | | | |
| 400 EAST SOUTH STREET, SUITE 500 ORLANDO FL 32801 | | Street Address (P.O. Box Number Is Not Acceptable) | | | | | |
| | | Suite, Apt. #, etc. | | | | | |
| | | City | | FL Zip Code | | | |
| SIGNATURE (Registered Agent Accepting Appointment | | · · · · · · · · · · · · · · · · · · · | | DATE. | | | |
| A GENERAL PARTNER TH | UST BE REGISTERED A | , LIMITED PA IND ACTIVE | ARTNE WITH | RSHIP OR OTHE THIS OFFICE. | R BUSII | NESS ENTITY | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Ger (Do NOT Use Post Office | neral Partner Box Numbers) | 1b. | City, State & Zip Code | 11c. | Registration/ Decument Number | |
| | | ···· | | | | | |
| SENEFF, JAMES M JR. | | | | | | | |
| APPLIES IN ALL | 400 EAST SOUTH STR | | ORLANI | 00 FL 32801 | | | |
| BOURNE, ROBERT A | 400 EAST SOUTH STR | REET | | | | | |
| | | REET | | 00 FL 32801 00 FL 32801 | | | |
| | | REET | | 00 FL 32801 | | | |
| | | REET | | 00 FL 32801 | 3572 9701 | | |
| | | REET | | 00 FL 32801 0000023 -11/257 | | | |
| | | REET | | 00 FL 32801 0000023 -11/257 | | 1 60 -5 189019 | |
| | | REET | | 00 FL 32801 0000023 -11/257 | | :60 5)89019 | |
| | 400 EAST SOUTH STR | REET | ORLANI | 00 FL 32801 00000023 -11/257 ****55 | 0.00 ; | :605)89019 ****550.00 | |

2. 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 eath. 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 _ _ F

Robert A. Bourne

rlime Telephone Number (407) 422-15