

**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 #  
**A97000000205**

**TMC PARTNERS, LTD.**



Mailing Address

Principal Office Address

~~4000 GLADES ROAD, SUITE 400~~  
BOCA RATON FL 33431

~~1000 GLADES ROAD, SUITE 400~~  
BOCA RATON FL 33431

3. Date Formed or Registered

01/23/1997

5a. Capital Contributions as Shown on record

\$100.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FL (FRIED) to date:

\$92,935.00

4. State or Country of Formation

FL

6. FEI Number

☒ 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)

2. Mailing Address

2300 GLADES ROAD

Suite, Apt. #, etc.

SUITE 100 E

City & State

BOCA RATON FL

Zip

33431

Country

USA

2a. Principal Office Address

2300 GLADES ROAD

Suite, Apt. #, etc.

SUITE 100 E

City & State

BOCA RATON FL

Zip

33431

Country

USA

9. Name and Address of Current Registered Agent

TMC EQUITY CORP.

~~4000 GLADES ROAD, SUITE 400~~  
BOCA RATON FL 33431

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

2300 GLADES ROAD

Suite, Apt. #, etc.

SUITE 100 E

City

BOCA RATON

FL

Zip Code

33431

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)

TMC EQUITY CORP.

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

~~4000 GLADES ROAD, SUITE 400~~  
2300 GLADES ROAD  
SUITE 100 E

11b. City, State & Zip Code

BOCA RATON FL 33431

11c. Registration/Document Number

P97000006746

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-01/13/98--01076--019  
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I 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

Typed or Printed Name of General Partner Signing Form

Pres of GP  
William R Greenfield

DATE 12/31/97

Daytime Telephone Number (941) 390-6662

CR2003 (6/97)