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

TCC-OCP II, LTD.

1a. DOCUMENT # **A97000000646**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC-1 AMII: 08



DATE 10-20-97

Secretary of GPDawline Telephone Number 214/863-3000

Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capi Show	lal Contributions as vn on record.
THE GATEWAY CENTER	THE GATEWAY CENTER		03/18/1997		
1000 LEGION PLACE, SUITE 1450	1000 LEGION PLACE, SUITE 1450		3a. Dale of Lest Report	\$	990,000.00
ORLANDO FL 32801	ORLANDO FL 32801		Initial Report	5b Appro	unt of Capita'
			4. State or Country of Formation	Cont	ributions in ELCHRIDA
2. Mailing Address	2a. Principal Office Address		4. State of Country of Formation	10 40	
2001 Ross Avenue	1000 Legion Place		FL		
Suite, Apt. #, etc. Suite 3400	Suite, Apt. #, etc.		6. FEI Number		[h
City & State	Suite 1450 City & State		75-2698552		Applied For Not Applicable
Dallas, TX	Orlando, FL		7. Certificate of Status Desired		
Zip Country	Zip	Country	- Continuate of citation (Penings		\$8.75 Additional Fee Required
75201	32801		8. Make check payable to: Dept. of	f State (See rev	erse side for fee informatio
()					
9. Name and Address of Current Registered Agent		10. If changed, now Registered Agent/Office			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		City			Zip Code
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or	registered agent, or both, in the State of Flo	d limited partnership	organized or registered under the laws of t	FL the State of Flor	ida submite this statement
for the purpose of changing its registered office or agent. I em familiar willi, and accept the obligation Cheryl L. Spatisional Signature (Registered Agent Accepting Appointment)	registered ageni, or both, in the State of Flo s of section 620, 192, Florida Statules. rks, Apst. Secy. of Lily	ded limited partnership rida Such change wa Corporatio	as authorized by its general partner(s). Therefore Service Company DATE	the State of Flor	ida, submits this statement appointment of registered
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation Cheryl L. Spa: SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	registered ageni, or both, in the State of Flo s of section 620, 192, Florida Statules. rks, Apst. Secy. of Lily	d limited partnership rida Such change we Copporation	Service Company DATE RTNERSHIP OR OTHE	the State of Flor	ida, submits this statement appointment of registered
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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 flability 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 logal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

report as required by chapter 620, Florida Statutes

Typed or Printed Name of General Partner Signing

Trammell Crow Company

CERTIFIED MAIL Z 848 431 403

October 30, 1997

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir or Madam:

Enclosed please find the 1998 Limited Partnership Annual Report with attached amount due of \$541.25 for the following:

TCC-OCP II, LTD.

na Mercado

75-2698552-

Please send evidence of filing to my attention at the letterhead address.

Sincerely,

Ms. Dora Mercado

Paraprofessional

Enclosures