


FILED**May 04, 2004 08:00 AM**
Secretary of State**2004 LIMITED PARTNERSHIP ANNUAL REPORT**
Due By May 1, 2004

DOCUMENT # A97000001551 1. Entity Name TCVL INVESTMENT GROUP, LTD.					
Principal Place of Business 1604 STOCKTON STREET JACKSONVILLE, FL 32204			Mailing Address 1604 STOCKTON STREET JACKSONVILLE, FL 32204		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
DEAN, THOMAS D 1604 STOCKTON STREET JACKSONVILLE, FL 32204			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 _____ DATE _____ <small>(Signature typed or printed name of registered agent and title if applicable)</small>					
9. Capital Contributions as Shown on record		10. Amount of Capital Contributions in FLORIDA to date		11. Amount of Capital Contributions in other states to date	
\$120,000.00					
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 #	NAME		STREET ADDRESS		
NAME	DEAN, THOMAS D. S.		CITY- ST- ZIP		
STREET ADDRESS	1604 STOCKTON STREET		STREET ADDRESS		
CITY- ST- ZIP	JACKSONVILLE, FL 32204		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			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 <i>Thomas D. S. Dean</i>			DATE <i>4-29-04</i> (904) <i>384-3666</i>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			DATE Daytime Phone #		

STAPLE CHECK HERE

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