


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

**FILED**  
**Jan 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001551</b>			
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
4. FEI Number 59-3458464		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DEAN, THOMAS D 1604 STOCKTON STREET JACKSONVILLE FL 32204		7. Name and Address of New Registered Agent 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.		11. FILE NOW!!! Due by May 1, 2005. See Block 11 instructions for fee info.	
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable		DATE _____	
9. Capital Contributions as Shown on record. \$120,000.00		10. Amount of Capital Contributions in FLORIDA to date	
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	DEAN, THOMAS D. S.	STREET ADDRESS	
NAME	1604 STOCKTON STREET	CITY- ST- ZIP	
STREET ADDRESS	JACKSONVILLE FL 32204		
CITY- ST- ZIP			
DOCUMENT #		STREET ADDRESS	000000202381
NAME		CITY- ST- ZIP	01/28/05-80106-024 526.25
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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> Thomas D.S. Dean		1-26-05 (904) 384-3666	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	



1ST MOORE CR2E003 (10/04)

STAPLE CHECK HERE