

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 30 PM 1:49

1. Name of Limited Partnership

1a. DOCUMENT #  
A97000002021

TSCPR FAMILY PARTNERSHIP #2, LTD.



Mailing Address

C/O THE SEMBLER COMPANY  
P.O. BOX 41847  
ST. PETERSBURG FL 33743

Principal Office Address

5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

3. Date Formed or Registered

09/18/1997

5a. Capital Contributions as  
Shown on record.

\$1,000,000.00

3a. Date of Last Report

12/15/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$551,925-

4. State or Country of Formation

FL

6. FEI Number

59-3470770

☐ 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)

9. Name and Address of Current Registered Agent

SEMBLER, GREGORY S  
5858 CENTRAL AVENUE  
ST. PETERSBURG FL 33707

10. If changed, new Registered Agent/Office

Name

Craig Sher

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

5858 Central Avenue

Suite, Apt. #, etc.

City

St. Petersburg

FL

Zip Code

33707

10a. Pursuant to the provisions of sections 620.1051 and 620.1052, 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

12/29/98

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)

TSCPR FLORIDA, INC.

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

5858 CENTRAL AVENUE

11b. City, State & Zip Code

ST. PETERSBURG FL 33707

11c. Registration/  
Document Number

P97000081031

800002728388--8-  
-12/31/98--01078--011  
\*\*\*\*535.00 \*\*\*\*535.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 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 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 192, Florida Statutes.

SIGNATURE

DATE

12/29/98

Typed or Printed Name of General Partner Signing Form

Craig Sher, Vice President

Daytime Telephone Number

727-384-6000

CR2E003 (8/98)