## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

		] 99 APK -9 PM 2: 27			
1a. DOCUMENT A9700002681	1 .				
TD., L.L.P.	<b> </b>			<b>11:11 1:11:1 1:12:</b>	
Principal Office Address	3. Date F	Formed or Registered	<b>5a</b> . ç₄	apital Contributions as	
422 S. CHURCH ST., LEGAL PBO5E CHARLOTTE NC 28202-1904	3a. Date	12/11/1997 3 a. Date of Lest Report 02/18/1998		\$90,000.00  5b. Amount of Capital Contributions in FLORIDA . to date	
2a. Principal Office Address			Contr to dal		
				-0-	
	6. FEI NO.	6. FE I Number 56-20672:		Applied For Not Applicable	
City & State	7. Cortificate			\$8.75 Additional	
Zip Country	· · · · · · [	8. Make check payable to Dept. of State (See reverse)		Fee Required	
Registered Agent	10. u	changed, new Registered	Agent/Office		
	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
City			<u></u>	Zip Code	
egistered agent, or both, in the State of Florida Such cha s of section 620 192, Florida Statutes	inge was authorized by its  D PARTNERS	DATE	by accept the a	ppointment of registered	
11a. (Do NOT Use Post Office Box Numbers)	Τ		11c.	Registration/ Document Number	
422 S. CHURCH STREET,	CHARLOTT	TE NC 28202	F	97000006526	
	ŀ				
	1a. DOCUMENT A9700002681  TD., L.L.P.  Principal Office Address  422 S. CHURCH ST LEGAL P805E CHARLOTTE NC 28202-1904   2a. Principal Office Address  Suite, Apt #, etc  City & State  Zip Country  Registered Agent Name Street Add Suite, Apt city  18 620, 192, Florida Statutes, the above-named limited particely egistered agent, or both, in the State of Florida Such chasts of section 620, 192, Florida Statutes  IS A CORPORATION, LIMITE T BE REGISTERED AND ACT 11a. (Do NOT Use Post Office Box Numbers)	1a. DOCUMENT # A9700002681  TD., L.L.P.  Principal Office Address 422 S. CHURCH ST., LEGAL PBOSE CHARLOTTE NC 26202-1904  2a. Principal Office Address Suite, Apt #, etc City & State  Zip Country  Country  Registered Agent  10. If Name Street Address (P.O. Box Number I Suite, Apt #, etc City Suite, Apt #, etc City Suite, Apt #, etc City Suite, Apt #, etc City Su	1a. DOCUMENT # A9700002681  TD., L.L.P.  Principal Office Address 422 S. CHURCH ST. LEGAL PBOSE CHARLOTTE NC 28202-1904  2a. Principal Office Address  Suite, Apt. #, etc  City & State  Zip  Country  Country  Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc  City  Suite, Apt. #, etc  City  Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc  City  Country  IS A CORPORATION, LIMITED PARTNERSHIP OR OTHIT BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code	1a. DOCUMENT # A9700002681  TD., L.L.P.  Principal Office Address 422 S. CHURCH ST. LEGAL P805E CHARLOTTE NC 28202-1904  2a. Principal Office Address Suite, Apt #, etc City & State Zip Country  To Country  To Country  Registered Agent  10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc City Suite, Apt #, etc  City Suite, Apt #, etc  Name Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc City FL  Size Address (P.O. Box Number Is Not Acceptable)  Suite, Apt #, etc City FL  Size Country  Size Country  Size Country  Size Country  To Country  The Address of Tender Suite Country  Size Country  Size Country  Size Country  To	

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 110. Excited Statutes.

SIGNATURE

Keith G. Butler

DATE

3/30/99

Daytime Telephone Number (704) 382-5975