


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

05 MAR 21 AM 10:58

DOCUMENT # B0100000381		
1. Entity Name TCR HIGHLAND BRANDON LIMITED PARTNERSHIP		
Principal Place of Business 201 N. NEW YORK AVE., SUITE 200 WINTER PARK, FL 32789		Mailing Address 6400 CONGRESS AVE STE. 2100 BOCA RATON, FL 33487
2. Principal Place of Business <i>495 N. Keller Rd</i>		3. Mailing Address
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State <i>Maitland FL</i>		City & State
Zip <i>32751</i>		Country <i>USA</i>
4. FEI Number 75-2963127		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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.		
SIGNATURE		DATE
Signature, typed or printed name of registered agent and title if applicable.		
9. Capital Contributions as Shown on record. \$99.00	10. Amount of Capital Contributions in FLORIDA to date.	
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 CITY-ST-ZIP	F01000005555 TCR HIGHLAND, INC. 201 N. NEW YORK AVE., SUITE 200 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP
		<i>495 North Keller Road</i> <i>Maitland, FL 32751</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
		<i>300049168023</i> <i>03/25/05--01005--018 **141.25</i>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS 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)(i), 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>Secretary of State Assistant</i>		Date: <i>2.14.05</i> Daytime Phone #: <i>561-998-4451</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #

STAPLE CHECK HERE

Secretary of State