


2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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|---|-------------------------------|--|---|---|--|
| DOCUMENT # B02000000051 | | | |  | |
| 1. Entity Name TCR GA CONSTRUCTION LIMITED PATNERSHIP | | | | | |
| Principal Place of Business 2001 BRYAN STREET, SUITE 3700 DALLAS, TX 75201 | | | Mailing Address 6400 CONGRESS AVE STE. 2100 BOCA RATON, FL 33487 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | | Country | | |
| 4. FEI Number 75-2773030 | | | 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 | | | 7. Name and Address of New Registered Agent | | |
| CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | 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. \$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 # | F02000000964 | | STREET ADDRESS | | |
| NAME | TCRSE CONSTRUCTION, INC. | | CITY-ST-ZIP | | |
| STREET ADDRESS | 2001 BRYAN STREET, SUITE 3700 | | | | |
| CITY-ST-ZIP | DALLAS, TX 75201 | | | | |
| DOCUMENT # | | | STREET ADDRESS | 500049886685 | |
| NAME | | | CITY-ST-ZIP | 04/05/05--01012--015 **141.25 | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
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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)(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>Haichuan Assistant</i> | | | 2.15.05 561-998-4451 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date Daytime Phone # | | |

STAPLE CHECK HERE

Secretary of State