

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR -5 AM 10:49

**DOCUMENT # B03000000345**

1. Entity Name  
**TCR PENINSULA LIMITED PARTNERSHIP**



Principal Place of Business  
**2001 BRYAN STREET, SUITE 3700  
DALLAS, TX 75201**

Mailing Address  
**2001 BRYAN STREET, SUITE 3700  
DALLAS, TX 75201**

2. Principal Place of Business

3. Mailing Address

**10400 Congress Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SU 2100**

City & State

City & State

**Boca Raton, FL**

Zip

Country

Zip

Country

**33487**

**US**

02202004

Chg-LP

CR2E003 (10/03)

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$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

Signature, typed or printed name of registered agent and title if applicable.

DATE

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 # **F98000000457**  
NAME **TCR SF PROPERTIES, INC.**  
STREET ADDRESS **2001 BRYAN STREET, SUITE 3700**  
CITY-ST-ZIP **DALLAS, TX 75201**

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**200030864182**  
**03/22/04-01020-001 \*\*141.25**

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

**Shari Steinhardt** 2/23/04 561-998-4451

STAPLE CHECK HERE