


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -5 AM 10:49

DOCUMENT # B03000000346					
1. Entity Name TCR PENINSULA HOLDINGS 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 6400 Congress Ave. Suite, Apt. #, etc. <u>Stu 2100</u> City & State <u>Boca Raton, FL</u> Zip <u>33487</u> Country <u>US</u>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number	
02202004		Chg-LP		CR2E003 (10/03)	
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 <u>FL</u> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <u>\$99.00</u>					
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	F98000000457 TCR SF PROPERTIES, INC. 2001 BRYAN STREET, SUITE 3700 DALLAS, TX 75201		STREET ADDRESS CITY-ST-ZIP	800030864208 02/22/04-01020-002 **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: <u>Shari Steinhardt</u> <u>2/23/04</u> <u>561-998-4451</u>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

STAPLE CHECK HERE