


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # B93000000067	
TRAMMELL CROW FOUNDATION, LTD.			

FILED
98 DEC 23 PM 4:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address 3200 TRAMMELL CROW CENTER 2001 ROSS AVENUE DALLAS TX 75201		Principal Office Address 3200 TRAMMELL CROW CENTER 2001 ROSS AVENUE DALLAS TX 75201		3. Date Formed or Registered 02/18/1993	5a. Capital Contributions as Shown on record. \$0.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/30/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation TX	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		6. FEI Number 75-2487209	
Zip		Country		7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TCF, INC.	2001 ROSS AVE., 3500 2001 ROSS AVE, 3200	DALLAS TX 75201	F93000000868
8000002721318--2			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number



ACCOUNT NO. : 072100000032

REFERENCE : 073854 4345882

AUTHORIZATION : *Patricia Pyper*

COST LIMIT : \$ 141.25

ORDER DATE : December 21, 1998

ORDER TIME : 3:07 PM

ORDER NO. : 073854-010

CUSTOMER NO: 4345882

CUSTOMER: Ms. Meredith Grimes
Crow Family Holdings
2001 Ross Avenue
3200 Trammell Crow Center
Dallas, TX 75201

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TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: TRAMMEL CROW FOUNDATION,
LTD

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Angie Glisar

EXAMINER'S INITIALS:

RECEIVED
98 DEC 23 PM 4:00
DIVISION OF CORPORATION