FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 AM 10:41

1. Name of Limited Partnership

1a DOCUMENT # B93000000341

TCR TIFFANY LAKE LIMITED PARTNERSHIP

Mailing Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

Principal Office Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

3. Date Formed or Registered: 08/20/1993

3a. Date of Last Report: 12/15/1995

4. State or Country of Formation: TX

5a. Capital Contributions as Shown on record: $99.00

5b. Amount of Capital Contributions in FLORIDA to date: $99.00

6. FEI Number: 65-0436985 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent
FISH, DEBORAH L
6400 CONGRESS AVENUE, SUITE 1000
BOCA RATON FL 33487

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City

100002045681--9
-01/03/97--01158--019
****191.25 ****191.25
FL

10a. Pursuant to the provisions of section 620.1043 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
TCR SOUTH FLORIDA APTS. TIFF	717 NORTH HARWOOD, ST	DALLAS TX 75201	F93000003649

12/31

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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I am aware the Division of Corporations ... in the event that the information supplied is deemed exempt from public access. 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; I further certify that I am a General Partner of the limited partnership, or receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

TCR South Florida Apartments - Tiffany Lake, Inc.

SIGNATURE Deborah L. Fish DATE 9/16/96

Typed or Printed Name of General Partner Signing Form: Deborah L. Fish, Asst. Sec. Daytime Telephone Number: 407/997-9700

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