


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

**FILED**  
**Apr 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B93000000530</b>					
1. Entity Name TCR CONGRESS PARK LIMITED PARTNERSHIP					
Principal Place of Business 2001 BRYAN ST., STE. 3700 DALLAS, TX 75201			Mailing Address 2001 BRYAN ST., STE. 3700 DALLAS, TX 75201		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 75-2511471	
				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 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	
				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 \$671,427.00			10. Amount of Capital Contributions in FLORIDA to date. \$671,427.00		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F93000005479		STREET ADDRESS		
NAME	TCR SFA CONGRESS PARK, INC.		CITY - ST - ZIP		
STREET ADDRESS	6400 CONGRESS AVE. STE. 2100				
CITY - ST - ZIP	BOCA RATON, FL 33487				
DOCUMENT #			STREET ADDRESS	U000000135807	
NAME			CITY - ST - ZIP	04/29/04-80003-005 526 25	
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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>Don Gustafson, Assistant Secretary</i> 4/18/04 1561 998-4451					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER _____ Date _____ Daytime Phone # _____					

STAPLE CHECK HERE