


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 SAWGRASS POINT LIMITED PARTNERSHIP		1a. DOCUMENT # B94000000064	
2. Mailing Address 717 N. Harwood Suite, Apt. #, etc. Ste. 1200 Dallas, TX 75201		2a. Principal Office Address 717 N. Harwood Suite, Apt. #, etc. Ste. 1200 Dallas, TX 75201	
3. Date Formed or Registered 02/23/1994		5a. Capital Contributions as Shown on record \$544,599.00	
3a. Date of Last Report 12/05/1997		5b. Amount of Capital Contributions in FLORIDA to date -0-	
4. State or Country of Formation TX		6. FEI Number 75-2525530 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)	
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 Corporation Service Company Street Address (P.O. Box Number Is Not Acceptable) 1201 Hays Street Suite, Apt. #, etc. 02/19/99 01091-008 City Tallahassee FL 32301	
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) BRIAN COURTNEY, ASST. V.P. DATE 2/11/99			
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) TCR SFA SAWGRASS POINT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 717 N. HARWOOD, SUITE	11b. City, State & Zip Code DALLAS TX 75201 BK 2/11/99	11c. Registration/ Document Number F94000000899
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. By: TCR SFA Sawgrass Point, Inc., its sole general partner SIGNATURE Lee Ann Shamblin DATE 2/14/99 Typed or Printed Name of General Partner Signing Form Lee Ann Shamblin, Asst. Sect. Daytime Telephone Number 14-922-8480			

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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