

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 DEC 18 AM 9:50

1. Name of Limited Partnership

1a. DOCUMENT #  
B94000000151

TCR HOMESTEAD COLONY 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

04/20/1994

5a. Capital Contributions as  
Shown on record.

\$386,083.00

3a. Date of Last Report

12/05/1997

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

\$339,146<sup>00</sup>

2. Mailing Address

717 N. Harwood  
Suite, Apt. #, etc.  
Ste. 1200

2a. Principal Office Address

717 N. Harwood  
Suite, Apt. #, etc.  
Ste. 1200

4. State or Country of Formation

TX

6. FEI Number

75-2535985

☐ Applied For  
☐ Not Applicable

City & State

Dallas, TX  
Zip Country

City & State

Dallas, TX  
Zip Country

7. Certificate of Status Desired

☐ \$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 1600  
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.

City  
TALLAHASSEE

FL Zip Code  
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)

Deborah L. Skipper

DATE 12-18-98

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 HOMESTEAD COLONY, INC.

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

717 NORTH HARWOOD, SU

11b. City, State & Zip Code

DALLAS TX 75201

11c. Registration/  
Document Number

F94000002036

600002723756--3  
-12/28/98--01117--009  
\*\*\*\*\*526.25 \*\*\*\*\*526.25

B/K  
12/18/98

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

Shari Steinhardt

DATE 12-17-98

Typed or Printed Name of General Partner Signing Form

Shari Steinhardt

Daytime Telephone Number (561) 998-4457

CR2E003 (8/98)