

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 18 AM 9:23



LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # <b>B94000000152</b>
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
2. Mailing Address 717 W. Harwood Ste. 1200 Dallas, TX 75201	2a. Principal Office Address 717 W. Harwood Ste. 1200 Dallas, TX 75201

3. Date Formed or Registered 04/20/1994	5a. Capital Contributions as Shown on record. \$9,202,490.00
3a. Date of Last Report 12/05/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$9,189,000
4. State or Country of Formation TX	6. FEI Number 75-2584415 <input type="checkbox"/> Applied For <input checked="" 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.  
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 W. 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TCR HOMESTEAD COLONY LIMITED	717 NORTH HARWOOD, SU	DALLAS TX 75201	B94000000151
200002723752--6 -12/28/98--01117--008 *****526.25 *****526.25 <i>Bjk 12/18/98</i>			

**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 in powers 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, Dist. Secretary Daytime Telephone Number (561) 998-4451

CR2E003 (8/98)