


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

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

DOCUMENT # B94000000152

1. Entity Name
HOMESTEAD COLONY LIMITED PARTNERSHIP



Principal Place of Business
**2001 BRYAN ST., STE. 3700
DALLAS, TX 75201**

Mailing Address
**6400 CONGRESS AVE., STE 2100
BOCA RATON, FL 33487**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

02202004 Chg-LP CR2E003 (10/03)

4. FEI Number
75-2584415 Applied For
Not Applicable

5. Certificate of Status Desired **\$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 _____
Signature typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. **\$9,202,490.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$9,202,490.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	B94000000151	STREET ADDRESS	
NAME	TCR HOMESTEAD COLONY LIMITED PARTNERSHIP	CITY - ST - ZIP	
STREET ADDRESS	6400 CONGRESS #2100		
CITY - ST - ZIP	BOCA RATON, FL 33487		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
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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: Shari Steinhardt **2/23/04 561-998-4451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #