FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

TCR SAN REMO LIMITED PARTNERSHIP



Typed or Printed Name of General Pariner Signing Form Deburch L. FISH, ASST-SEC.

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9400000175**

FILED

97 DEC -5 PM 1: 20

SECNETATA OF STATE TALLAHASSEE, FLORIDA



Malling Address 6400 CONGRESS AVE. SUITE 2000 BOCA RATON FL 33487	Principal Office Address 6400 CONGRESS AVE. SUITE 2000 BOCA RATON FL 33487		05/1 3a. Dat	3. Date Formed or Registered 05/16/1994 3a. Date of Last Report 12/24/1996 4. State or Country of Formation TX		5a. Capital Contributions as Shown on record. \$3,699.00 5b. Amount of Capital Contributions in FLORIDA to date: 8.752,088	
2. Malling Address	28. Principal Office Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		Market 51 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	6 FEI Numbor		Applied For	
City & State	City & State			75-2540094		Not Applicable	
Ž ip Country	7ip Country			7. Certificate of Status Desired \$8.75 Add tional Fee Required 8. Make check payable to: Dopt. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent 10. If changed					Agent/Office		
FISH, DEBORAH L 6400 CONGRESS AVE., SUITE 1000 BOCA RATON FL 33487		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code					
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 Statulos. SIGNATURE (Registered Agent Accepting Appointment)							
MUST	BE REGISTERED AN	D ACTIVE	WITH TH	IS OFFICE.	1		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	ox Numbers)	1b. City.	State & Zip Code	11c.	Registration/ Document Number	
TCR SFA SAN REMO, INC.	717 N. HARWOOD, SUITE		DALLAS TX 75201		F9400002534		
				400002: -12/12, ****54	710 79701 11.25	124 31 1092017 ****541.25	
*			`	Occ			
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							
12. 16 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 Statules. 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 decemed 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 trusted empowered to execute this report as required by chapter 620, Florida Statutes. TOR SEAN REMO, LIMITED PARTNERSHIP, By: TCR SEA SAN REMO, LINC.							