

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2/2/97

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
B94000000514

TCR CARROLLWOOD PLACE LIMITED PARTNERSHIP



Mailing Address
**541 S. ORLANDO AVENUE
SUITE 210
MAITLAND FL 32751**

Principal Office Address
**541 S. ORLANDO AVENUE
SUITE 210
MAITLAND FL 32751**

3. Date Formed or Registered
12/21/1994

5a. Capital Contributions as
Shown on record.
\$99.00

3a. Date of Last Report
12/26/1995

5b. Amount of Capital
Contributions in FLORIDA
to date:
99.00

2. Mailing Address

2a. Principal Office Address

4. State or Country of Formation
TX

6. FEI Number
75-2568898

☐ Applied For
☒ Not Applicable

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

**HOEKSEMA, DOUGLAS
541 S. ORLANDO AVD., STE-210
MAITLAND FL 32751**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

**300002025833--8
-12/11/95-01036-017
****191.25 FL ****191.25**

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) _____ DATE _____

**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 NORTH FLORIDA APARTMENTS

541 S. ORLANDO AVENUE

MAITLAND FL 32751

P23861

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

TCR North Florida Apts. Inc.

Joan C Zorowick Asst. Sec.
Joan C Zorowick

DATE **12/1/96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **407-975-6126**

CR2E003 (5/96)