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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



TCR CARROLLWOOD PLACE LIMITED PARTNERSHIP

FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

Mailing Address

**DOCUMENT #** B9400000514

Principal Office Address

## FILED

96 DEC -6 PM 12: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

3. Date Formed or Registered

12/21/1994



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**5a.** Capital Contributions as Shown on record.

SUTE 2/0 MATLAND FL 32751 MATLAND FL 32751 MATLAND FL 32751 MATLAND FL 32751  2. Mailing Address  2. Suite Apr. #, etc.  3. For Number  7. Centicute of Status Deviete  8. Make check payable to: Dept. of State See reverse after for the Information Place State State See reverse after for the Information Place State Sta	541 S. ORLANDO AVENUE			12/21/1994	\$99.00  5b. Amount of Capital		
2. Mailing Address 2. Principal Office Address TX 99.00  Suite, Apt. #, etc. Suite, Apt. #, etc. City & State  To Country  To							
28. Principal Office Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  To Country  To Cou				4. State or Country of Formation	Contributions in FLORIDA to date:		
City & State  City & Country  Country  Country  Country  Country  Country  R. Make check payable to: Dept. of State (See reverse information for the information for payable to: Dept. of State (See reverse information for payable to: Dept. of State (See reverse information for payable to: Dept. of State (See reverse information for payable to: Dept. of State (See reverse information for payable to: Dept. of State (See reverse information for payable to: Dept. of State (See reverse information for payable to: Dept. of State (See Sta	2. Mailing Address	2a. Principal Office Address		1	99.00		
To Country   To	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For		
8. Make check payable to: Dept. of State (See reverse slide for foe information of the provisions of Sections 670 1051 and 670 192. Forids Statutes, the above-named limited partnership organized or registered under the last of changing its registered office or registered apent, or both in the State of Forids. Such change was authorized by its general partner(s). Thereby accept the appointment of registered apent or registered Agent Accepting Appointment):  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. (ph/3007056 Apat Childing Bor Number)  TOR 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 filled to change a general partner of the payable of section of Corporations from any lisability of non-compliance with Scalar of the country of the payable of Scalar of Corporations from any lisability of non-compliance with Scalar of Corporations from any lisability of non-compliance with Scalar of Corporations from any lisability of non-compliance with Scalar of 190 (30%) in the event that the information supplied is accurate and that are general partner of the reservoir of the payable of the compliance with Scalar of 190 (30%). Portida Statutes I release the Division of the search of the payable of the payable of the compliance with Scalar of 190 (30%). Portida Statutes I release the Division of the search of the payable of the certified partner of the free certified that the information supplied is the search of the payable of the certified partner of the limited partner of the information inclinate is a simulation propriet in the art of certified partner of the information inclinate is a simulation propriet in the art of the information inclinate is a simulation propriet in the art of the information inclinate is a simulation propriet in the art of the information inclinate in the informat	City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional		
HOEKSEMA, DOUGLAS 541 S. ORLANDO AVD., STE-210 MATILAND FL 32751  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apr. 4, etc.  City ——12/11/95—11 DeBowd 11 7 **********************************	Zip Country	Zip			· · · · · · · · · · · · · · · · · · ·		
HOEKSEMA, DOUGLAS 541 S. ORLANDO AVD., STE-210 MATLAND FL 32751  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Sulle, Apr. 4, etc.  City ——12/11/95—11 DeBowd 11 7  *********************************			Y	10 If abanded new Conjeters	d Accest/Office		
Street Address (P.O. Box Number is Not Acceptable)  MATLAND FL 32751  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  10a. Pursuant to the provisions of Sections 620 1051 and 620 192. Florids Statutes, the above-named limited partnership organized or registered under the taws of the State of Florids, submits the statement for the purpose of changing its registered object or registered agent, or both, in the State of Florids. Such change was authorized by its general partner(e). I hereby accept the appointment of registered agent, and accept the chilipations of section 620 192. Florids Statutes  SIGNATURE (Registered Agent Accepting Appointment)  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. (p. A9899s of Each Childs for Numbers)  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 filled to change a general partner  12. Too hereby certify that the information supplied with this fing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florids Statutes. I release the Division of Corporations from any lizability of non-complance 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 redored this arread perport is true and accurate and that may segnature that have the same legic effects as if middle under cells. High color prior public access. I further certify that the information redored this arread appropriate true are certified at large where size legic effects as if middle under cells. High can declared the time of the limited partner certify that it an 6 cleared Partner of the limited partner certify that I am 6 cleared Partner of the limited partner certify that I am 6 cleared Partner of the limited partner certify		H Registered Agent					
MATILAND FL 32751  Suite, Apt. #, etc.  City 12/11/96 — 11/21/96 —	•		Cheet Androne ID O. Bay Number In McConstable)				
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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, 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. (po Addings of Fact Sillings) Printings of Fact Sillings	MAIILANU FL 32/51		Suite, Apt. *, etc.				
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). Thereby accept the appointment of registere agent. I am familiar with, and accept the chiliquitons of section 620 192. Florida Statutes  SIGNATURE (Registered Agent Accepting Appointment)  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. (policy of Section 1900 Name) Partner(s)  TCR NORTH FLORIDA APARTMENTS  541 S. ORLANDO AVENUE  NAITLAND FL 32751  P23861  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner  12. I do hereby certify that the information supplied with this fring 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 listatily of non-compliance with Section 119.07(3)(k) in the information nuble coess. I further certify that the information public access. I further certify that the information public access. I further certify that the information indicates that may signature shall have the same legal effects as if made under oath I further certify that at m a General Partner of the further certify that the information function of the further certify that the information indicates as if made under oath I further certify that the information indicates as if made under oath I further certify that the information indicates as if made under oath I further certify that the information indicates as if made under oath I further certify that the information indicates as if made under oath I further certify that the information indicates as if made under oath I furth	City			-12/11/96D1D3600017			
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TCR North Florida Apts. Inc.	Corporations from any liability of non-compliance w this annual report is true and accurate and that my empowered to execute this report as required by of	ith Section 119.07(3)(k) in the event that the ir signature shall have the same legal effects as napter 620, Florida Statutes.	formation supplied is de	erned exempt from public access. I furt ther certify that I am a General Partner o	her certify that the Information indicated on of the limited partnership, receiver or trustee		
SIGNATURE Consult Asst. Sec. DATE 12/1/96  Typed or Printed Name of General Partner Signing Form Toest C Zonowick Daytime Telephone Number 407-975-6/86		mount Asst.	<u>Sec.</u> • 1	DATE	12/1/96		
	Typed or Printed Name of General Partner Signing Form	Voan C Zonowi	rc.K	Daytime Telephone Number	001-975-6/26		