

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 DEC 26 AM 10:19

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**1.** Name of Limited Partnership

**1a.** DOCUMENT #  
**B9400000514**

**TCR CARROLLWOOD PLACE LIMITED PARTNERSHIP**

<b>Mailing Address</b> 541 S. ORLANDO AVENUE SUITE 210 MAITLAND FL 32751	<b>Principal Office Address</b> 541 S. ORLANDO AVENUE SUITE 210 MAITLAND FL 32751
<b>2.</b> Mailing Address	<b>2a.</b> Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

<b>3.</b> Date Formed or Registered 12/21/1994	<b>5a.</b> Capital Contributions as Shown on record.  \$99.00
<b>3a.</b> Date of Last Report 12/06/1996	
<b>4.</b> State or Country of Formation TX	<b>5b.</b> Amount of Capital Contributions in FL ORIDA to date 99.00
<b>6.</b> FEI Number 75-2568898	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9.</b> Name and Address of Current Registered Agent  HOEKSEMA, DOUGLAS 541 S. ORLANDO AVD., STE-210 MAITLAND FL 32751	<b>10.</b> If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City FL Zip Code
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**10a.** Pursuant to the provisions of sections 620.105(1) 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.**

<b>11.</b> Name(s) of General Partner(s)  TCR NORTH FLORIDA APARTMENTS	<b>11a.</b> Address of Each General Partner (Do NOT Use Post Office Box Numbers) 541 S. ORLANDO AVENUE #210	<b>11b.</b> City, State & Zip Code MAITLAND FL 32751	<b>11c.</b> Registration/Document Number P23861
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**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 Zanowick* Asst Sec DATE 12/12/97  
*Joan C Zanowick* Daytime Telephone Number \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_

CR2E003 (6/97)