

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
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

98 MAR 16 PM 3:41



1. Name of Limited Partnership		1a. DOCUMENT # B94000000515	
CARROLLWOOD PLACE LIMITED PARTNERSHIP			
2. Mailing Address		2a. Principal Office Address	
541 S. ORLANDO AVENUE SUITE 210 MATLAND FL 32751		541 S. ORLANDO AVENUE SUITE 210 MATLAND FL 32751	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Formed or Registered		5a. Capital Contributions as Shown on record.	
12/21/1994		\$2,600,650.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
11/25/1996			
4. State or Country of Formation		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
TX		\$8.75 Additional Fee Required	
6. FEI Number		7. Certificate of Status Desired	
75-2568861		<input type="checkbox"/> \$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		10. If changed, new Registered Agent/Office	
HOEKSEMA, DOUGLAS 541 S. ORLANDO AVENUE, SUITE 210 MATLAND FL 32751		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	
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 CARROLLWOOD PLACE LIMITE	541 S. ORLANDO AVENUE	MATLAND FL 32751	B94000000514
			800002461378--U -03/19/98--01002--011 ****526.25 ****526.25
			KWM

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 by TCR Carrollwood Place LP
TCR NF Apts. Inc. Jean C. Warwick Asst. Sec. DATE 3/5/98

Typed or Printed Name of General Partner Signing Form Jean C. Warwick Daytime Telephone Number

CR2E003 (12/97)