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

LÍMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # B95000000039

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC -5 AM 9:38



TCR MIZNER LIMITED PARTNERSHIP						
Mailing Address Principal Office Address 6400 CONGRESS AVE., SUITE 2000 6400 CONGRESS AVE., S BOCA RATON FL 33487 BOCA RATON FL 33487				3. Date Formed or Registered 02/06/1995	5a. Capital Contributions as Shown on record. \$1,253,500.00 5b. Amount of Capital Contributions in FLORIDA to date:	
				3a. Date of Last Report 12/24/1996		
2, Mailing Address	2a. Principal Office Address			4. Stale or Country of Formation	81,253,500.00	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 75-2578993	Applied For	
City & State	City & State			7. Certificate of Status Desired	☐ Not Applicable ☐ \$8.75 Additional	
Zip Country	Zφ	Zip Country		7. Certificate of Status Desired \$8.75 Additional Foo Required 8. Make check payable to: Dept. of State (See reverse side for foo information)		
9, Name and Address of Curre	nt Registered Agent			10. If changed, new Registere	ed Agont/Office	
FISH, DEBORAH L 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON FL 33487		Namo				
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
		City			FL Zip Code	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	I IS A CORPORATION, ST BE REGISTERED A	LIMITED ND ACTI	PART VE WIT	DATE NERSHIP OR OTHE TH THIS OFFICE.		
11, Namo(s) of General Partner(s)	11a. Address of Each Gen	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c. Registration/ Document Number	
TCR MIZNER LIMITED PARTNERSHIP 717 NORTH HARWOO!			U DALLAS TX 75201		B9400000212	
				200002 -12/12 *****	370212- 7 2/9701015025 41.25 ****\$41.25	
					· KAW	
Note: General partners MAY NO	T be changed on this for	rm; an am	endme	nt must be filed to ch	ange a general partner.	
12. I do hereby certify that the Information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my empowered to execute this report as required by ct Interest Inter	th Soction 119.07(3)(k) in the event that the signature shall have the same logal effects appearance. Florida Statutes ACTOECSHIP ACTOECSHIP	e information sup as if made unde TCR SFA	plied is deen roath. I furth	ned exempt from public access. I furll er certify that I am a General Partner c C, IINC	ner certify that the information indicated on if the limited partnership, receiver or trustee	
Typed or Printed Name of General Partner Signing Form	Deborah Litish	4551 - 5	<i>۲</i> (. Daytime Telephone Number 🗘 🕻	1-9 100	