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

LIMITED PARTNERSHIP ANNUAL REPORT **1997**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 DEC 24 PM 1:13

1. Name of Limited Partnership

1a DOCUMENT # B95000000178

TCR ST. ANDREWS LIMITED PARTNERSHIP

Mailing Address
6400 CONGRESS AVE., SUITE 2000
BOCA RATON FL 33487

Principal Office Address
6400 CONGRESS AVE., SUITE 2000
BOCA RATON FL 33487

3. Date Formed or Registered: 05/18/1995

3a. Date of Last Report: 12/15/1995

4. State or Country of Formation: TX

5a. Capital Contributions as Shown on record: $322.00

5b. Amount of Capital Contributions in FLORIDA to date: $393,462.00

6. FEI Number: 75-2596137

☐ 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 more information)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip　　Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip　　Country

9. **Name and Address of Current Registered Agent**

FISH, DEBORAH L
6400 CONGRESS AVE., SUITE 2000
BOCA RATON FL 33487

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)　400002045004--1
-01/03/97--01124--001

Suite, Apt. #, etc.　****576.25 ****576.25

City　FL　Zip Code

10a. Pursuant to the provisions of sections 620.105 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 SFA ST. ANDREWS, INC.	717 N. HARWOOD, SUITE	DALLAS TX 75201	F95000002450

dcc

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability for not complying with section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership or a receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

TCR SFA St. Andrews, Inc.

SIGNATURE Deborah L. Fish　　DATE 9/16/96

Typed or Printed Name of General Partner Signing Form: Deborah L. Fish, Asst. Sec.　　Daytime Telephone Number: 407/997-9700

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