

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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1. Name of Limited Partnership

1a. **DOCUMENT #**
B96000000320

TCR METROWEST LIMITED PARTNERSHIP



Mailing Address 717 N. HARWOOD, SUITE 1200 LB 400 DALLAS TX 75201		Principal Office Address 717 N. HARWOOD, SUITE 1200 LB 400 DALLAS TX 75201		3. Date Formed or Registered 08/15/1996	5a. Capital Contributions as Shown on record \$49,509,900.00
2. Mailing Address 541 S. Orlando Ave.		2a. Principal Office Address 541 S. Orlando Ave.		3a. Date of Last Report 12/18/1996	5b. Amount of Capital Contributions in FL ORIDA to date 495,099.00
Suite, Apt. #, etc. Suite 210		Suite, Apt. #, etc. Suite 210		4. State or Country of Formation TX	
City & State Maitland FL		City & State Maitland FL		6. FEI Number 75-2664544	
Zip 32751		Zip 32751		7. Certificate of Status Desired <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 HOEKSEMA, DOUGLAS A 541 SOUTH ORLANDO AVENUE, SUITE 210 MAITLAND FL 32751	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL	
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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. 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) TCR METRO, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 717 N. HARWOOD, SUITE 1200 541 S. Orlando Ave #210	11b. City, State & Zip Code DALLAS TX 75201 Maitland FL 32751	11c. Registration/Document Number F96000004031
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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 Metro Inc.**
Joe C. Zanowick Asst Sec
 Typed or Printed Name of General Partner Signing Form **Joe C. Zanowick**

DATE **12/12/97**

Daytime Telephone Number

CR2E003 (6/97)