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

B96000000386

LIMITED PARTNERSHIP ANNUAL REPORT 1997

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

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

1. Name of Limited Partnership	1a. DOCUMENT #
TCR San Michele Limited Partnership	B96000000386

Mailing Address	Principal Office Address
6400 Congress Ave. Suite 2000 Boca Raton, FL 33487	6400 Congress Ave. Suite 2000 Boca Raton, FL 33487

2. Mailing Address	2a. Principal Office Address
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
10.14.96	99.00
3a. Date of Last Report	**5b.** Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation	$ 467,100.00
TX	
6. FEI Number: 75-2671765 ☐ 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 fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
Deborah L. Fish 6400 Congress Ave., Suite 2000 Boca Raton, FL 33487	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City **FL** Zip Code

10a. Pursuant to the provisions of sections 620.1041 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) Deborah L. Fish DATE 10/14/96

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 San Michele, Inc.	6400 Congress Ave	Boca Raton, FL 33487	F96000005142

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****576.25 ****576.25

dcc

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 SFA San Michele, Inc. Deborah L. Fish DATE 10/14/96

Typed or Printed Name of General Partner Signing Form Deborah L. Fish, Asst. Sec. Daytime Telephone Number 561 997-9700

CR2E003 (6/96)