

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 FEB 16 AM 8:50



1. Name of Limited Partnership

1a. DOCUMENT #
B97000000018

TCR NORTH FLORIDA HOMEGATE LIMITED PARTNERSHIP

Mailing Address

717 N. HARWOOD, SUITE 1200
LOOK BOX 120
DALLAS TX 75201

Principal Office Address

717 N. HARWOOD, SUITE 1200
LOOK BOX 120
DALLAS TX 75201

3. Date Formed or Registered

01/13/1997

5a. Capital Contributions as
Shown on record.

\$99.00

3a. Date of Last Report

5b. Amount of Capital
Contributions in FLORIDA
to date:

99.00

4. State or Country of Formation

TX

6. FEI Number

75-2685816

☐ 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)

2. Mailing Address

541 S. Orlando Ave

2a. Principal Office Address

541 S. Orlando Ave

Suite, Apt. #, etc.

Suite 219

Suite, Apt. #, etc.

Suite 210

City & State

Maitland FL 32751

City & State

Maitland FL 32751

Zip

Country

Zip

Country

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

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)

TCR NORTH FLORIDA HOMEGATE, INC

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

717 N. HARWOOD, SUITE
541 S. Orlando Ave #210

11b. City, State & Zip Code

DALLAS TX 75201
Maitland FL 32751

11c. Registration/
Document Number

F97000000101

400002435664--0
-02/19/98--01095--014
****156.25 ****156.25

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 N Florida Homegate Inc.

Joan C. Zonowick Asst Sec

DATE

12/12/97

Typed or Printed Name of General Partner Signing Form

Joan C. Zonowick

Daytime Telephone Number

CR2E003 (6/97)