FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



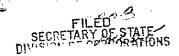
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# 1a. B97000000060



98 DEC 14 PM 1: 22

TCR BUENA VISTA PLACE LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
541 S. ORLANDO AVE STE 210 MAITLAND FL 32751	541 S. ORLANDO AVE STE 210 MAITLAND FL 32751	541 S. ORLANDO AVE STE 210 MAITLAND FL 32751		\$1.00	
			12/26/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		1.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable	
	<u> </u>			\$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		Fee Required State (See reverse side for fee information)	
9. Name and Address of C	urrent Registered Agent	10. If changed, new Registered Agent/Office Name			
HOEKSEMA, DOUGLAS A 591 S. ORLANDO AVE., SUITE 210		Street Address (P.O. Box Number Is Not Acceptable)			
MAITLAND FL 32751		Suite, Apt. #, etc. 80002			
	****141. 45L *****141.25				
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered off agent. I am familiar with, and accept the oblight.	ice or registered agent, or both, in the State of Flori	ed limited partnership org ida. Such change was au	panized or registered under the laws of the athorized by its general partner(s). I hereby	State of Florida, submits this statement accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment	nt)		DATE_		
A GENERAL PARTNER TH	IAT IS A CORPORATION, I UST BE REGISTERED AN			R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo		City, State & Zip Code	11c. Registration/	
TCR N.F. MULTI-FAMILY, INC. 591 S. ORLANDO AVE		M.	AITLAND FL 32751	P37903	

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	Execute	Asst Sec.	Tex Hulti	Forky.
Typed or Printed Name of General Partner Sign				Daytime Tele

Daytime Telephone Number