


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 TSCE Real Estate Venture, L.P.		1a. DOCUMENT # B9706000718	
2. Mailing Address 520 Madison Avenue New York, New York 10022		2a. Principal Office Address 520 Madison Avenue New York, New York 10022	
3. Date Formed or Registered 12/30/97		3a. Date of Last Report 1st report	
4. State or Country of Formation Delaware		5a. Capital Contributions as Shown on Form \$1,000.00	
5b. Amount of Capital Contributions in FLORIDA to date \$1,000.00		6. FEI Number 13-3972679	
7. Certificate of Status Desired <input checked="" 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 KRAI Services, Inc. 526 E. Park Avenue Tallahassee, FL 32301		10. If changed, how Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100102825721-9 Suite, Apt. #, etc. 03731799-01083-004 City ****343.75 ****141.25 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TSCE Venture Corp. its General partner	520 Madison Avenue	New York, NY 10022	F97060006906 45
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 _____ Typed or Printed Name of General Partner Signing Form: Bruce D. Saber Vice President of General Partner		DATE January 13, 1999 Daytime Telephone Number (212) 593-9480	

CR2E003 (8/98)