

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 23 PM 1:16



1. Name of Limited Partnership  TFP (REALTY), LTD.		1a. DOCUMENT # B98000000032	
Mailing Address 197 FIRST AVENUE NEEDHAM MA 02194	Principal Office Address 197 FIRST AVENUE NEEDHAM MA 02194	3. Date Formed or Registered 01/16/1998	5a. Capital Contributions as Shown on record \$450.00
2. Mailing Address Suite, Apt. #, etc. SUITE 300 City & State	2a. Principal Office Address Suite, Apt. #, etc. SUITE 300 City & State	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date \$450.00
Zip 02494	Country	4. State or Country of Formation DE	6. FEI Number 04-3404442 <input type="checkbox"/> Applied For Not Applicable
		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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) MT GENERAL LLC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 197 FIRST AVENUE, STE 300	11b. City, State & Zip Code NEEDHAM MA 02194 02494	11c. Registration/ Document Number M98000000042
9000002795169--9 -03/05/99--01003--001 ****141.25 ****141.25 6-1-99			

**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

Controller

DATE

2/10/99

Typed or Printed Name of General Partner Signing Form

John G Demeritt

Daytime Telephone Number

(781) 433-6000

CR2E003 (12/98)