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2002	MILOKW ROS	INESS K	EPORT	(ARK)		
DOCUMENT # B9800000322 1. Entity Name					FILED 02 MAR -5 AM 9: 35	
TCR 98 APARTMENTS LIMITED PARTNERSHIP						
Principal Place of Business Mailing Address 201 N. NEW YORK AVE SUITE 200 201 N. NEW YORK AVE SUITE 200 WINTER PARK FL 32789 WINTER PARK FL 32789		ORK AVE SUITE 2	200	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
2. Principal Place of Business 3. Mailing Address		ess				
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		DUE BY MAY 1, 2002	\Box
City & State		City & State	City & State		4. FEI Number 75-2763685 Applied For Not Applied	_
Zip	Country	Zip	Coun	itry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		Name	7. Name and Address of New Registered Agent	ゴ
	TION SERVICE COMPANY			Street Address (P.O. Box Number is Not Acceptable)		\dashv
1201 HAYS STREET TALLAHASSEE FL 32301-2525						
			City Zip Code			
8. The above r	named entity submits this statement	for the purpose of cha	anging its register	ed office or regis	istered agent, or both, in the State of Florida.	\dashv
SIGNATURE _	signature, typed or printed name of registered age	of and title if southeable			DATE	}
9. Capital Conf	tributions \$99.00	10. Amoun	t of Capital Contril	potributions 11. MAKE CHECK PAYARI F TO DEPT OF STATE		
as Shown or	A GENERAL PARTNER	THAT IS A BUSIN	RIDA to date. \$9	IUST BE REGI	SEE REVERSE SIDE FOR FEE INFORMATION GISTERED AND ACTIVE WITH THIS OFFICE.	\dashv
12.	GENERAL PARTN		ged on the form	i; an amendm	nent must be filed to change a general partner. ADDRESS CHANGES ONLY	_
DOCUMENT # NAME	CUMENT # F98000002522 ME TCR REGATTA, INC. REET ADDRESS 201 N. NEW YORK AVE., SUITE 200			ET ADDRESS	2000050970972	
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	-03/12/0201051011 ****141.25 ****141.25	
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DOCUMENT # NAME \			STRE	ET ADDRESS		\neg
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		7
DQCUMENT # NAME			STRE	ET ADDRESS		
STREET ADDRESS			CITY	-ST-ZIP		ヿ

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

TCR Regarrance To Regarrance

STAPLE CHECK HERE

CITY-ST-ZIP