

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

<p>LIMITED PARTNERSHIP ANNUAL REPORT 1999</p>		<p align="center">FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</p>
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<p>1. Name of Limited Partnership</p> <p>FORT CLARKE LIMITED PARTNERSHIP</p>	<p>1a. DOCUMENT # B98000000546</p>
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2000-1-17 2:15



<p>2. Mailing Address</p> <p>Suite, Apt. #, etc. City & State Zip Country</p>	<p>2a. Principal Office Address</p> <p>Suite, Apt. #, etc. City & State Zip Country</p>	<p>3. Date Formed or Registered 09/04/1998</p> <p>3a. Date of Last Report</p> <p>4. State or Country of Formation TX</p> <p>6. FEI Number 75-2779597</p> <p>7. Certificate of Status Desired</p> <p>8. Make check payable to Dept of State (See reverse side for fee information)</p>	<p>5a. Capital Contributions as Shown on record \$99.00</p> <p>5b. Amount of Capital Contributions in FLORIDA to date: 3,300,000.00</p> <p><input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable</p> <p><input type="checkbox"/> \$8.75 Additional Fee Required</p>
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<p>9. Name and Address of Current Registered Agent</p> <p>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State Zip Code</p>
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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 *MAH*

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<p>11. Name(s) of General Partner(s)</p> <p>TCR FORT CLARKE LIMITED PART</p>	<p>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</p> <p>717 N. HARWOOD, SUITE</p>	<p>11b. City, State & Zip Code</p> <p>DALLAS TX 75201</p>	<p>11c. Registration/Document Number</p> <p>B98000000545</p>
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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 Fort Clarke LP*
TCR Fort Clarke I, Inc. _____ DATE *2/20/99*

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (1/2/98)