

THIS REPORT 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 PM 2: 20

with
12/17

1. Name of Limited Partnership		1a. DOCUMENT # B98000000606	
TCR Crescent Place Limited Partnership			
Mailing Address 541 South Orlando Ave Suite 210 Maitland, FL 32751		Principal Office Address 541 South Orlando Ave Suite 210 Maitland, FL 32751	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 10/15/98		5a. Capital Contributions as Shown on record. 99.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: 99.00	
4. State or Country of Formation TX		6. FEI Number 75-2785047	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent Corporation Service Company 1201 Hayes Street Tallahassee, FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
--	--	--	--

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) TCR Crescent, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 541 S Orlando Ave #210	11b. City, State & Zip Code Maitland, FL 32751	11c. Registration/Document Number F98000004774
---	---	---	---

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

Joan C. Zonowick, Asst. Sec. TCR Crescent, Inc.

DATE

12/16/98

Typed or Printed Name of General Partner Signing Form

Joan C Zonowick

Daytime Telephone Number