FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP "WILL'BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

SIGNATURE ____

LIMITED PARTNERSHIP ANNUAL REPORTS 1999	ROUSEA MARKETS				SECRETARY OF STATE DIVISION OF CORPORATIONS			
1. Name of Limited Partnership	1a. DOCUMENT # B98000000732			99 JAN 19 PM 3: 21				
TCI-II Investors, L.P.								
· · · · · · · · · · · · · · · · · · ·	-				<i>-</i>			
Mailing Address Principal Office Address			3. Date Formed or Registered					
28 State Street, 37th Floor Boston, Massachusetts 02109								
Boston, Massachusetts 02109			3a. Date of Last Report					
				N/A	5b. Amount of Capital Contributions in FLORIDA to date:			
2	2. Mailing Address 2a. Principal Office Address			4. State or Country of Formation				
2. Mailing Address	Za. Principal Office Address			Delaware				
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For Not Applicable			
City & State	City & State			7. Certificate of Status Desired	XX	\$8.75 Additional		
Zip Country	Zip	Country		8. Make check payable to: Dept. o		Fee Required		
				8. Wate check payable to bept.	- Clate (Gee 164)	is a side for the information?		
9. Name and Address of Current Re	gistered Agent]		10. If changed, new Registere	d Agent/Office			
C T Corporation System 1200 South Pine Island Road								
			ress (P.O. Box Number Is Not Acceptable)					
Plantation, FL 33324		Suite, Apt. #, etc.						
		City		FL Zip Code				
10a. Pursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or regisegent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the State of Flor				he State of Flori eby accept the			
A GENERAL PARTNER THAT IS MUST	BE REGISTERED AN	D ACTIV	PART /E WI	NERSHIP OR OTHE TH THIS OFFICE.	R BUSII			
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code		Registration/ Document Number		
TCI-II Investors, Inc.	28 State Street		Во	ston, MA 0210	.	000007139		
				800002 -01/22 *****1 hyl	1380 119005 ****150.00			
				1/19/90	1			
Note: General partners MAY NOT b	e changed on this form	; an am	endme	nt must be filed to ch	ange a g	eneral partner.		
12. I do hereby certify that the information supplied with this to Corporations from any liability of non-compliance with Services.								

Typed or Printed Name of General Partner Signing Form Englishme Relephone Number

(860) 275-6244