


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # B99000000141			
1. Entity Name TCR MAITLAND CENTER LIMITED PARTNERSHIP			
Principal Place of Business 201 N. NEW YORK AVE., SUITE 200 WINTER PARK, FL 32789		Mailing Address 6400 CONGRESS AVE., STE 2100 BOCA RATON, FL 33487	
2. Principal Place of Business 495 N. Keller Rd Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Maitland FL		City & State	
Zip 32751	Country USA	Zip	Country
4. FEI Number 75-2810942		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$99.00		10. Amount of Capital Contributions in FLORIDA to date.	
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F99000001532 TCR CENTER, INC. 201 N. NEW YORK AVE., SUITE 200 WINTER PARK, FL 32789	STREET ADDRESS CITY-ST-ZIP	495 North Keller Road Maitland, FL 32751
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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			
SIGNATURE: <i>David A. Marshall Assistant</i>		2.14.05 561-998-4451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date Daytime Phone #	

STAPLE CHECK HERE

Secretary of HP