

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25160** (3)
1. Corporation Name
TCW LAND FUND I HOLDING COMPANY



Principal Place of Business C/O WESTMARK REALTY ADVISORS LLC 865 SOUTH FIGUEROA, STE. 3500 LOS ANGELES CA 90017 US	Mailing Address C/O TCW REALTY ADVISORS 865 SOUTH FIGUEROA, STE. 3500 LOS ANGELES CA 90017
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/11/1989	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 95-4154017	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and date of filing (if applicable)

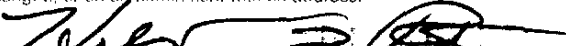
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	1.2 NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLOTFELTER, RICHARD C		1.3 STREET ADDRESS			Zerbst, Robert H.	
STREET ADDRESS	865 S. FIGUEROA STREET, SUITE 3500		1.4 CITY - ST - ZIP				
CITY - ST - ZIP	LOS ANGELES CA 90017-2543		2.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	EVD	<input checked="" type="checkbox"/> DELETE	2.2 NAME			S/D	
NAME	ZARROW, STANTON H.		2.3 STREET ADDRESS				
STREET ADDRESS	865 SOUTH FIGUEROA, STE. 3500		2.4 CITY - ST - ZIP			Roth, Herbert L.	
CITY - ST - ZIP	LOS ANGELES CA 90017		3.1 TITLE				
TITLE	S	<input type="checkbox"/> DELETE	3.2 NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STARK, TODD E.		3.3 STREET ADDRESS			D/SVP	
STREET ADDRESS	865 SOUTH FIGUEROA, STE. 3500		3.4 CITY - ST - ZIP				
CITY - ST - ZIP	LOS ANGELES CA 90017		4.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T	<input type="checkbox"/> DELETE	4.2 NAME			D/SVP	
NAME	ROMANAK, LAURIE		4.3 STREET ADDRESS				
STREET ADDRESS	865 S. FIGUEROA STREET, SUITE 3500		4.4 CITY - ST - ZIP			D/SVP	
CITY - ST - ZIP	LOS ANGELES CA 90017-2543		5.1 TITLE				
TITLE	DVP	<input type="checkbox"/> DELETE	5.2 NAME			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRACY, SCOTT E		5.3 STREET ADDRESS			D/SVP	
STREET ADDRESS	865 S. FIGUEROA STREET, SUITE 3500		5.4 CITY - ST - ZIP				
CITY - ST - ZIP	LOS ANGELES CA 90017		6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	VP	<input checked="" type="checkbox"/> DELETE	6.2 NAME			D/SVP	
NAME	LIEBERMANN, RICHARD		6.3 STREET ADDRESS				
STREET ADDRESS	865 S. FIGUEROA STREET, SUITE 3500		6.4 CITY - ST - ZIP			D/SVP	
CITY - ST - ZIP	LOS ANGELES CA 90017		6.4 CITY - ST - ZIP				

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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



u/a/g/a

(213) 683-4200

CR2E034 (1097)