

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership TMC PARTNERS, LTD.	1a. DOCUMENT # A97000000205
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Mailing Address 4900 GLADES ROAD, SUITE 400 BOCA RATON FL 33431	Principal Office Address 1900 GLADES ROAD, SUITE 400 BOCA RATON FL 33431
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3. Date Formed or Registered 01/23/1997	5a. Capital Contributions as Shown on record \$100.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL (ORIDA) to date: \$92,935.00
4. State or Country of Formation FL	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address 2300 GLADES ROAD Suite, Apt. #, etc. SUITE 100 E City & State BOCA RATON FL Zip Country 33431 USA	2a. Principal Office Address 2300 GLADES ROAD Suite, Apt. #, etc. SUITE 100 E City & State BOCA RATON FL Zip Country 33431 USA
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9. Name and Address of Current Registered Agent TMC EQUITY CORP. 4900 GLADES ROAD, SUITE 400 BOCA RATON FL 33431
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 2300 GLADES ROAD Suite, Apt. #, etc. SUITE 100 E City BOCA RATON FL Zip Code 33431

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
TMC EQUITY CORP.	4900 GLADES ROAD, SUITE 400 2300 GLADES ROAD SUITE 100 E	BOCA RATON FL 33431	P97000006746
			600002398556--1 -01/13/98--01076--019 ****541.25 ****541.25
	437.50 103.75	dec	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 _____ Typed or Printed Name of General Partner Signing Form: William R Greenfield	DATE: 12/31/97 Daytime Telephone Number: (407) 390-6662
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CR2003 (6/97)