

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Moriham
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 27 PM 3:20

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000205

TMC PARTNERS, LTD.

Mailing Address

Principal Office Address

2300 GLADES ROAD, SUITE 100 E
BOCA RATON FL 33431

2300 GLADES ROAD, SUITE 100 E
BOCA RATON FL 33431

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

01/23/1997

3a. Date of Last Report

01/02/1998

4. State or Country of Formation

FL

6. FEI Number: 65-0720930
APPLIED FOR

5a. Capital Contributions as Shown on record

627,416.00
\$600,000.00

5b. Amount of Capital Contributions in FLORIDA to date

627,416.00

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

TMC EQUITY CORP.
2300 GLADES ROAD, SUITE 100 E
BOCA RATON FL 33431

Name

Street Address (P.O. Box Number Is Not Accepted)

Suite, Apt #, etc.

City

FL Zip Code

10. If changed, new Registered Agent/Office

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.

2300 GLADES ROAD, SUITE
100E

BOCA RATON FL 33431

P97000006746

SECRETARY OF STATE
DIVISION OF CORPORATIONS
02/08/99 01020-018
****526.25 ****526.25

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)(b), 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

12/2/98

Daytime Telephone Number

(561) 397-6662

CR2E003 (8/98)