

2002 UNIFORM BUSINESS REPORT (UBR)

0003864 AV

DOCUMENT # **A00000000337**

1. Entity Name

TLM PARTNERS, L.P.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

02 APR -3



Principal Place of Business 220 SUNRISE . STE 210 PALM BEACH FL 33480	Mailing Address 220 SUNRISE . STE 210 PALM BEACH FL 33480
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY MAY 1, 2002

4. FEI Number 65-0983708	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARRIS, J. IRA
220 SUNRISE, STE 210
PALM BEACH FL 33480**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$3,490,993.72	10. Amount of Capital Contributions in FLORIDA to date. 5,578,292.31	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**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	P98000012544 JIRA CORP 220 SUNRISE, STE 210 PALM BEACH FL	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	AL
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	S00005184285--9
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		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 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: **J. Ira Harris** 3-25-02 561-659-7130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE