


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # A00000000337**

1. Entity Name  
**TLM PARTNERS, L.P.**



Principal Place of Business      Mailing Address  
**220 SUNRISE, STE 210**      **220 SUNRISE, STE 210**  
**PALM BEACH, FL 33480**      **PALM BEACH, FL 33480**

2. Principal Place of Business      3. Mailing Address

Suite, Apt #, etc      Suite, Apt #, etc

City & State      City & State

Zip      Country      Zip      Country



04132004      Chg-LP      CR2E003 (10/03)

6. Name and Address of Current Registered Agent

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

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 \_\_\_\_\_  
Signature must be printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record      **\$9,401,962.38**

10. Amount of Capital Contributions in FLORIDA to date      **\$9,401,962.38**

**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 #	P98000012544	STREET ADDRESS	
NAME	JIRA CORP	CITY - ST - ZIP	
STREET ADDRESS	220 SUNRISE, STE 210		
CITY - ST - ZIP	PAALM BEACH, FL		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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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: \_\_\_\_\_, President  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**4-27-04**      561-659-7130  
Date      Daytime Phone #