

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2005**


FILED

2005 MAY -5 PM 12: 06

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # A00000000337**

1. Entity Name  
 TLM PARTNERS, L.P.



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

Mailing Address  
 220 SUNRISE, STE 210  
 PALM BEACH, FL 33480



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

01202005 Chg-LP CR2E003 (10/03)

4. FEI Number  
 65-0983708

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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 06/03/05

9. Capital Contributions as Shown on record. \$11,315,566

10. Amount of Capital Contributions in FLORIDA to date. \$11,315,566

**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

DOCUMENT #	NAME	STREET ADDRESS	CITY-ST-ZIP
P98000012544	JIRA CORP	220 SUNRISE, STE 210	PAALM BEACH, FL

13. ADDRESS CHANGES ONLY

STREET ADDRESS	CITY-ST-ZIP

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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, the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* DATE: *[Signature]*