2006 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Due By May 1, 2006 Apr 25, 2006 08:00 Al Secretary of State DOCUMENT # A0000000337 TLM PARTNERS, L.P. Principal Place of Business Mailing Address 220 SUNRISE, STE 210 PALM BEACH, FL 33480 220 SUNRISE, STE 210 PALM BEACH, FL 33480 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc. Suite, Apt #, etc. 04042006 Chg-LP CR2E003 (11/05) City & State City & State 4. FEI Number Applied For 65-0983708 Not Applicable Ziρ Country Ζp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, J. IRA Street Address (P.O. Box Number is Not Acceptable) 220 SUNRISE, STE 210 PALM BEACH, FL 33480 City 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 Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 13. 12. DOCUMENT # P98000012544 STREET ADDRESS NAME JIRA CORP 220 SUNRISE, STE 210 STREET ADDRESS U00000533556 CITY-ST-ZIP City St. 782 PAALM BEACH, FL DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME CTREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME

14. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 dropourcing to execute this report as required by Chapter 620, Florida Statutes. indicated on this report is true and accurate and that my or the receiver or trustee expourated to execute this ten

CITY - ST-ZIP

SIGNATURE:

STREET ADDRESS

City-St-ZiP

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YPED OR PRINTED NAME OF SIGNING GENERAL PARTNE SIGNATURE AND

(561) Daytime Phone (