2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 30 AM 9:08

DOCUMENT # B96000000329

1. Entity Name
TARGA MIDSTREAM SERVICES LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
1000 LOUISIANA, SUITE 4700 HOUSTON, TX 77002	1000 LOUISIANA, SUITE 4700 ATTN: LEGAL DEPARTMENT HOUSTON, TX 77002

01042007 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1000 Louisiana	1000 Louisiana
Suite, Apt. #, etc.: Suite 4300	Suite, Apt. #, etc.: Suite 4300
City & State: Houston, TX	City & State: Houston, TX
Zip: 77002 Country: USA	Zip: 77002 Country: USA

4. FEI Number 76-0507891 ☐ Applied For ☐ Not Applicable

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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $500.00
After May 1, 2007, 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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M05000006076	STREET ADDRESS	1000 Louisiana, Suite 4300
NAME	TARGA MIDSTREAM GP LLC	CITY-ST-ZIP	Houston, TX 77002
STREET ADDRESS	1000 LOUISIANA, SUITE 4700		
CITY-ST-ZIP	HOUSTON, TX 77002		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	02/05/07-01006--016 **500.00
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. I hereby 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 empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Targa Midstream GP LLC By: _____ 1/22/07 713.584.1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #

René R. Joyce, Chief Executive Officer