

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000527
 1. Entity Name
TGM PABLO TRACE L.P.

FILED
 01 NOV -5 PM 12:17

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 C/O TGM ASSOCIATES L.P.
 650 FIFTH AVENUE
 NEW YORK NY 10019

Mailing Address
 C/O TGM ASSOCIATES L.P.
 650 FIFTH AVENUE
 NEW YORK NY 10019

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

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

City & State

City & State

4. FEI Number **13-3785009**
 Applied For Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record **\$2,548,145.00**

10. Amount of Capital Contributions in FLORIDA to date **42,548.145**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE - SEE REVERSE SIDE FOR FEE INFORMATION

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 #	B98000000214	STREET ADDRESS	
NAME	TGM ASSOCIATES L.P.	CITY-ST-ZIP	
STREET ADDRESS	650 FIFTH AVENUE		
CITY-ST-ZIP	NEW YORK NY 10019		
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NAME		CITY-ST-ZIP	
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CITY-ST-ZIP			

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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **8/22/01** (212) **830-9305**
Daytime Phone #

0000094 AT
 CR2E003 (5/01)