

2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

FILED
05 APR 27 PM 6:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A04000001879

1. Entity Name
TENNESSEE SQUARE PARTNERS, LTD.



Principal Place of Business
1018 THOMASVILLE ROAD, SUITE 200-A
TALLAHASSEE, FL 32303

Mailing Address
1018 THOMASVILLE ROAD, SUITE 200-A
TALLAHASSEE, FL 32303

BK



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04182005 Chg-LP CR2E003 (10/03)

4. FEI Number

26-1957815

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

MURRAY, E. EDWARD JR
1018 THOMASVILLE ROAD, SUITE 200-A
TALLAHASSEE, FL 32303

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record.

\$800,000.00

10. Amount of Capital Contributions in FLORIDA to date.

\$800,000.00

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
DOCUMENT # L04000081479
NAME TALCOR TENNESSEE SQUARE, LLC
STREET ADDRESS 1018 THOMASVILLE ROAD, SUITE 200-A
CITY-ST-ZIP TALLAHASSEE, FL 32303

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

900054349249
05/13/05--01003--018 **\$26.25

900054349249
05/13/05--01003--019 **\$8.75

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/18/05 800-224-2300
Date Daytime Phone #

STAPLE CHECK HERE