

2002 UNIFORM BUSINESS REPORT (UBR)

0017286 AT

DOCUMENT # B01000000136

1. Entity Name
DALLAS XXIX CORPORATE SQUARE L.P.

FILED

02 FEB 27 PM 3:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
17400 DALLAS PARKWAY, SUITE 125
DALLAS TX 75287

Mailing Address
17400 DALLAS PARKWAY, SUITE 125
DALLAS TX 75287



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number

☒ 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

7. Name and Address of New Registered Agent

SCHERMER, K ESQ.
1301 SIXTH AVENUE WEST, SUITE 400
BRADENTON FL 34205

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

DATE

9. Capital Contributions
as Shown on record. \$2,900,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # B01000000133
NAME TFMGP I LIMITED PARTNERSHIP
STREET ADDRESS 17400 DALLAS PARKWAY, SUITE 125
CITY-ST-ZIP DALLAS TX 75287

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS

CITY-ST-ZIP

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

2/13/02

505.992.5100

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE