

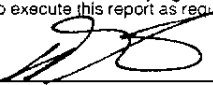


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**May 04, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # B01000000136</b> 1. Entity Name DALLAS XXIX CORPORATE SQUARE L.P.					
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 Suite Apt #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. # etc. City & State Zip Country			
4212004 Chg-LP CR2E003 (10/03)				4. FEI Number 75-2928107	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SCHERMER, K ESQ. 1301 SIXTH AVENUE WEST, SUITE 400 BRADENTON, FL 34205			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. I am familiar with, and accept the obligations of registered agent					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record \$2,900,000.00			10. Amount of Capital Contributions in FLORIDA to date		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT #	B01000000133		STREET ADDRESS		
NAME	TFMGP I LIMITED PARTNERSHIP		CITY- ST- ZIP		
STREET ADDRESS	17400 DALLAS PARKWAY, SUITE 125		CITY- ST- ZIP		
CITY- ST- ZIP	DALLAS, TX 75287		CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			CITY- ST- ZIP		
CITY- ST- ZIP			CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			CITY- ST- ZIP		
CITY- ST- ZIP			CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			CITY- ST- ZIP		
CITY- ST- ZIP			CITY- ST- ZIP		
DOCUMENT #			STREET ADDRESS		
NAME			CITY- ST- ZIP		
STREET ADDRESS			CITY- ST- ZIP		
CITY- ST- ZIP			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: 			Ian Brownlow 4/27/04 505 992-5100		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>					

STAPLE CHECK HERE