

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # B04000000001

1. Entity Name
TFMGP 34 LP



Principal Place of Business
**15 EAST NORTH STREET
 DOVER, DE 19901**

Mailing Address
**C/O TFMGP 34 CORP.
 2080 HIGHWAY 360, STE. 390A
 GRAND PRAIRIE, TX 75050**

FILED

04 MAY 10 AM 11:56

**SECRETARY OF STATE
 TALLAHASSEE, FLORIDA**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

04262004 Chg-LP CR2E003 (10/03)

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

**GREENE, ROBERT F
 1301 6TH AVENUE WEST, STE. 400
 BRANDENTON, 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. 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 **\$5,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date

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 # **F04000000113**
 NAME **TFMGP 34 CORP.**
 STREET ADDRESS **2080 HIGHWAY 360, STE. 390A**
 CITY, ST, ZIP **GRAND PRAIRIE, TX 75050**

STREET ADDRESS

CITY, ST, ZIP

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STREET ADDRESS

CITY, ST, ZIP

Handwritten signature: J. Brown

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

Handwritten signature: J. Brown

Handwritten date: 4/27/04

Handwritten phone number: (505) 992-5100

Date

Daytime Phone #

STAPLE CHECK HERE