

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

Z 257 937 953

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 MAR 10 PM 1:27

1. Name of Limited Partnership

1a. DOCUMENT #  
B93000000204

TG PARTNERS LIMITED PARTNERSHIP



Mailing Address

ATTN: DENNIS HECHT, ESQ.  
200 EAST LONG LAKE ROAD  
BLOOMFIELD HILLS MI 48304

Principal Office Address

ATTN: DENNIS HECHT, ESQ.  
200 EAST LONG LAKE ROAD  
BLOOMFIELD HILLS MI 48304

3. Date Formed or Registered

05/06/1993

5a. Capital Contributions as  
Shown on record.

\$0.00

3a. Date of Last Report

07/29/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

NONE

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

38-3080734

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is not acceptable)

Suite, Apt. #, etc.

City

FF \$156.25

200002451982--7

03/10/98 01034-014

\*\*\*\*208.75 \*\*\*\*156.25

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

TG MICHIGAN, INC.

200 EAST LONG LAKE RO

BLOOMFIELD HILLS MI 4

F93000001267

TAUB-CO MANAGEMENT, INC.

200 EAST LONG LAKE RO

BLOOMFIELD HILLS MI 4

842112

TAUBMAN REALTY VENTURES

200 EAST LONG LAKE RO

BLOOMFIELD HILLS MI 4

G93109900009

KUGHN, RICHARD P

22482 ORCHARD LAKE RO

FARMINGTON MI 48051

THE KUGHN REAL PROPERTIES CO

22482 ORCHARD LAKE RO

FARMINGTON MI 48051

B93000000203

LARSON, ROBERT C

200 EAST LONG LAKE RO

BLOOMFIELD HILLS MI 4

Dec

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

GERALD R. POISSANT, OFFICER OF TG MICHIGAN, INC., GENERAL PARTNER OF TG PARTNERS, L.P.,

Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number

CR2E003 (6/97)