


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

DOCUMENT # B93000000204						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="margin-top: 10px;">2005 MAY -3 P 12: 50</div> <div style="margin-top: 5px;"> <small>SECRETARY OF STATE TALLAHASSEE, FLORIDA</small> </div>	
1. Entity Name TG PARTNERS LIMITED PARTNERSHIP							
Principal Place of Business 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304				Mailing Address 200 EAST LONG LAKE ROAD BLOOMFIELD HILLS, MI 48304			
2. Principal Place of Business				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>			
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. \$0.00				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 # F93000001267 NAME TG MICHIGAN, INC. STREET ADDRESS 200 EAST LONG LAKE ROAD CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304	STREET ADDRESS CITY-ST-ZIP			<div style="text-align: center;"> <div style="font-size: 1.5em; font-weight: bold;">300053820463</div> <div style="font-size: 0.8em;">05/04/05-01021--011 **193.75</div> </div>			
DOCUMENT # 842112 NAME TAUB-CO MANAGEMENT, INC. STREET ADDRESS 200 EAST LONG LAKE ROAD CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304	STREET ADDRESS CITY-ST-ZIP						
DOCUMENT # KUGHN, RICHARD P STREET ADDRESS 22482 ORCHARD LAKE ROAD CITY-ST-ZIP FARMINGTON, MI 48051	STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # B93000000203 NAME THE KUGHN REAL PROPERTIES COMPANY STREET ADDRESS 22482 ORCHARD LAKE ROAD CITY-ST-ZIP FARMINGTON, MI 48051	STREET ADDRESS CITY-ST-ZIP						
DOCUMENT # LARSON, ROBERT C STREET ADDRESS 200 EAST LONG LAKE ROAD CITY-ST-ZIP BLOOMFIELD HILLS, MI 48304	STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
DOCUMENT # UNOBSKEY, SIDNEY R STREET ADDRESS 2770 GREEN STREET CITY-ST-ZIP SAN FRANCISCO, CA 94123	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 of trustee empowered to execute this report as required by Chapter 620, Florida Statutes							
SIGNATURE: _____				Date: 4/27/05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>				<small>Daytime Phone #</small>			

STAPLE CHECK HERE