

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2004**

DOCUMENT # B97000000351

1. Entity Name

HMTFD FUND I PARTNERS, L.P.



Principal Place of Business

5080 SPECTRUM DRIVE, SUITE 1050-E
ADDISON TX 75001

Mailing Address

5080 SPECTRUM DRIVE, SUITE 1050-E
ADDISON TX 75001

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

\$2,901,690.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$2,901,690.00

11. MAKE CHECK PAYABLE TO FL. 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 # F97000003678
NAME HMTF/OLYMPUS GP, INC.
STREET ADDRESS 5080 SPECTRUM DRIVE, SUITE 1050-E
CITY-ST-ZIP ADDISON TX 75001

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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: SEE ATTACHED SIGNATURE PAGE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

FILED

04 APR 21 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MOORE

CR2E003 (11/03)

4. FEI Number

75-2640297

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

STAPLE CHECK HERE

B97000000351

SIGNATURE ADDENDUM

TO

2004 Limited Partnership Annual Report - FL


DATED March 29, 2004

FILED
04 APR 21 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HMTFD FUND I PARTNERS, L.P.,
a Texas limited partnership

By: HMTF/Olympus GP, Inc.,
a Texas corporation,
its general partner

BRK

By: 
Ron J. Hoyl
Vice President