2003 LIMITED PARTNERSHIP UNIFORM <u>B</u>USINESS REPORT (UBR)

## DOCUMENT # B9700000351

1. Entity Name HMTFD FUND I PARTNERS, L.P.



Principal Place of Business **300 CRESCENT COURT, SUITE 500** DALLAS, TX 75201

Mailing Address

**300 CRESCENT COURT, SUITE 500** DALLAS, TX 75201





2. Principal Place of Business  5080 Spectrum Drive Full 5080 Spectrum Dr				ve		
Suite Apt #.etc. Suite 1050 E		Suite, Apt. #, etc. Suite 1050	Suite, Apt #, etc. Suite 1050 E		DUE BY MAY 1, 2003	
City & State		City & State			4. FEI Number	Applied For
Addison. Texas		Addison, Texas			75-2640297	Not Applicable
Zip 75001	Country	Zip 75001	Coun	ntry		8.75 Additional ee Required
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	FI	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.

12.

SIGNATURE Signature, typed or printed nerve of registered agent and tide if applicable.

GENERAL PARTNER INFORMATION

9. Capital Contributions as Shown on record. \$2,901,690.00 10. Amount of Capital Contributions in FLORIDA to date.

ADDRESS CHANGES ONLY

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.

<del></del>	,						
DOCUMENT #	F9700003678 HMTF/OLYMPUS GP, INC.	STREET ADDRESS	5080 Spectrum Drive, Suite 1050 E				
STREET ADDRESS CITY-ST-ZIP	DALLAS, TX 75201	CITY-ST-ZIP	Addison, Texas 75001				
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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

6-12-03

972-980-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Dayline Phone #

## B97000000351

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

By:

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

By:

Ron J. Hoyl Vice President

MIL