FILED Mar 06, 2002 8:00 am § Secretary of State

03-06-2002 90123 038 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

F01000001937

DOCUMENT # 1. Entity Name

TFMGP I CORP.

Principal Place of Business

Mailing Address

17400 DALLAS PARKWAY SUITE 125 DALLAS TX 75287			17400 DALLAS PARKWAY SUITE 125 DALLAS TX 75287							### ##### ############################	TA (1914 1884 188)	
2. Principal F	Place of Busin	ess	3. Mailing Address			-						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			-	DO NOT WRITE IN THIS SPACE					
City & State			City & State			4. 1	FEI Number	75-2878	 197		pplied For ot Applicable	
Zip		Country	Zip Country			5. (Certificate of	Status Desire	d 🗆	\$8.75 Ad Fee Require		
	6. Name	and Address of Current R	egistered Agent			7. 1	Name and A	ddress of Ne	w Registere	d Agent		
SCHERMER, K ESQ. 1301 SIXTH AVE. WEST SUITE 400 BRADENTON FL 34205					Name Street Address (P.O. Box Number is Not Acceptable)							
DNADENI	ION FL 342	uo			City				F	FL Zip Code		
SIGNATURE Signature, typed or printed name of registered agent and 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)			FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of Sta				10. Electi	ion Campaign Fund Contrib	_	\$5.0	OO May Be	
11.		OFFICERS AND D	IRECTORS	12.		AD	DITIONS/CH	HANGES TO	OFFICERS A	ND DIRECTOR	RS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GERWIN, 17400 DA DALLAS T	LLAS PARKWAY SUITE	☐ Delete	TITLE NAME STREET A CITY-ST-						☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PUTTER, 17400 DA DALLAS T	LLAS PARKWAY SUITE	□ Delete	TITLE NAME STREET A CITY-ST-	I				<u>.</u>	☐ Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP		AL, ABRAHAM LLAS PARKWAY SUITE X 75287	125	NAME STREET A CITY-ST-	DDRESS	,	ı			Change-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	t Weinber	G, GEORGE LLAS PARKWAY SUITE	□ Delete	TITLE NAME STREET A CITY-ST-	1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET A CITY-ST-	I			**************************************		☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME STREET A	DORESS					☐ Change	Addition	

13. I hereby certify that the information supplied indicated on this report or supplementation of the corporation of the receiver of this changed, or on an attachment with an a policy with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of legar is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director is the impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if appropriate appears in Block 11 or Block 12 if appropriate the impowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

One rieguired SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR