

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90019 048 ****50.00

DOCUMENT # M01000001296

1. Entity Name
TLP GP L.L.C.



Principal Place of Business
1999 BRYAN ST., STE. 3200
DALLAS, TX 75202

Mailing Address
C/O OMNICOM GROUP INC.
437 MADISON AVE
NEW YORK, NY 10022

44064733



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04222004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
13-4116888

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE S ☒ Delete
NAME MCGOVERN, RAYMOND E JR
STREET ADDRESS 437 MADISON AVENUE
CITY-ST-ZIP NEW YORK, NY 10022

TITLE SECRETARY ☒ Change ☐ Addition
NAME HUDNALL, DAVID H. (AS MEMBER OF TLP INC (DE))
STREET ADDRESS 1999 BRYAN ST., STE. 3200
CITY-ST-ZIP DALLAS, TX 75201

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

David H. Hudnall **DAVID H. HUDNALL** 4/27/04