


2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A97000000205				<div style="text-align: right; font-weight: bold; font-size: 1.2em;">FILED</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">01 MAY -7 AM 11:50</div> <div style="text-align: right; font-weight: bold; font-size: 1.2em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 			
1. Entity Name TMC PARTNERS, LTD.		Principal Place of Business 2300 GLADES ROAD, SUITE 100 E BOCA RATON FL 33431				Mailing Address 2300 GLADES ROAD, SUITE 100 E BOCA RATON FL 33431	
2. Principal Place of Business		3. Mailing Address				4. FEI Number 65-0720930	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For <input type="checkbox"/> Not Applicable			
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
TMC EQUITY CORP. 2300 GLADES ROAD, SUITE 100 E BOCA RATON FL 33431			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.							
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
9. Capital Contributions as Shown on record. \$627,416.00		10. Amount of Capital Contributions in FLORIDA to date.		11. MAKE CHECK PAYABLE TO 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 #	P97000006746		STREET ADDRESS				
NAME	TMC EQUITY CORP.		CITY-ST-ZIP				
STREET ADDRESS	2300 GLADES ROAD, SUITE 100E		STREET ADDRESS	500004376855-4			
CITY-ST-ZIP	BOCA RATON FL 33431		CITY-ST-ZIP	-06/07/01--01134--008			
DOCUMENT #			STREET ADDRESS	****526.25 ****526.25			
NAME			CITY-ST-ZIP				
STREET ADDRESS			STREET ADDRESS				
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STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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: _____		SIGNATURE REQUIRED		4/26/01			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			