


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A9700000205</b>	
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
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country



01302004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-0720930	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. <b>\$627,416.00</b>	10. Amount of Capital Contributions in FLORIDA to date
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**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 # NAME STREET ADDRESS CITY - ST - ZIP	P97000006746 TMC EQUITY CORP. 2300 GLADES ROAD, SUITE 100E BOCA RATON, FL 33431	STREET ADDRESS CITY - ST - ZIP	
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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:**  **William R. Greenfield** 3/15/04 561-392-6662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE