
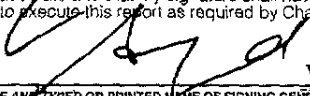


**2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005**

**FILED
May 16, 2005 08:00 AM
Secretary of State**

DOCUMENT # A97000000205					
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			
Suite, Apt #, etc		Suite, Apt. #, etc.			
City & State		City & State		01242005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 65-0720930	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable</small>					
9. Capital Contributions as Shown on record. \$627,416.00			10. Amount of Capital Contributions in FLORIDA to date.		
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	NAME TMC EQUITY CORP.		STREET ADDRESS		
STREET ADDRESS 2300 GLADES ROAD, SUITE 100E	CITY - ST - ZIP BOCA RATON, FL 33431		CITY - ST - ZIP		
DOCUMENT #	NAME		STREET ADDRESS		
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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)(f), 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		561-392-6662
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date</small>		<small>Daytime Phone #</small>

STAPLE CHECK HERE



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