

A 04000000234

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000214115 3)))



H080002141153ABCW

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

LP/LLP REINSTATEMENT

1800 WEST LOOP HOUSTON, LTD.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$2,000.00

RECEIVED

08 SEP 12 PM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
08 SEP 12 AM 8:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON

Help

SEP 15 2008

FILED


08 SEP 12 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2008 LIMITED PARTNERSHIP REINSTATEMENT

DOCUMENT # A04000000234

1. Entity Name
1800 WEST LOOP HOUSTON, LTD.



Principal Place of Business
1800 WEST LOOP SOUTH, SUITE 875
HOUSTON, TX 77027

Mailing Address
1800 WEST LOOP SOUTH, SUITE 875
HOUSTON, TX 77027

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc.
Suite, Apt. #, etc.

City & State
City & State

Zip
Country
Zip
Country



08082008 REIN-LP CR2E100 (1/07)

4. FEI Number
43-2042082

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. Pursuant to the provisions of section 620.1810 or 620.1805, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title is applicable. (REGISTRAR'S AGENT MUST SIGN)

FILE NOW!!! FEE IS \$1000.00

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

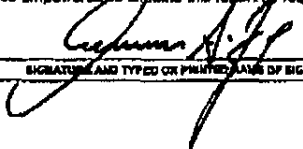
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	13. ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP

REINSTATEMENT 2007, 2008

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  James A. Fox
Managing Director 9-11-08 312-499-1900
Chief Financial Officer