## 2006 基础TED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2006**

CHECK

SIGNATURE:

## SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A05000000156** 1. Entity Name 06 MAR -3 AM 9: 49 FCLC DALLAS (HIDDEN CREEK), LTD. Principal Place of Business Mailing Address 300 INTERNATIONAL PARKWAY, STE. 130 300 INTERNATIONAL PARKWAY, STE. 130 HEATHROW, FL 32746 HEATHROW, FL 32746 Principal Place of Business 2. Principal Place of Business 300 International Pkwy 3. Mailing Address 300 International Pkwy Suite, Apt. #, etc. Suite 300 Suite 200 01072006 CR2E003 (11/05) Chg-LP City & State Heathrow, Fl. City & State 4. FEI Number Applied For 20-2205286 Heathrow. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32746 USA 32746 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Christy, Katherine A CHIRSTY, KATHERINE A Street Address (P.O. Box Number is Not Acceptable) 300 INTERNATIONAL PARKWAY, STE. 130 300 International Pkwy Suite HEATHROW, FL 32746 Zip Code 32746 Gity Heathrow 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 reg SIGNATURE DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. DOCUMENT # L05000006198 300 International Pkwy Suite 300 STREET ADDRESS DALLAS-HIDDEN CREEK, LLC 300 INTERNATIONAL PARKWAY, STE. 130 STREET ADDRESS CITY-ST-ZIP Heathrow, Fl. 32746 CITY-ST-ZIP HEATHROW, FL 32746 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-2IP 700068091837 CITY-ST-ZIP <del>83/28/88~-**8**1813</del> DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY+ST+ZIP CITY- % - ZIP DOCUMENT # STREET ADDRESS NAME 🚽 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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

ATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

" FILED