

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A06120
 1. Entity Name
ABS LIMITED

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 APR 18 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 6427 DELOACHE AVE. 6427 DELOACHE AVE.
 DALLAS TX 75225 DALLAS TX 75225-2606

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number Applied For
59-1821473 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
MOORE, W. TAYLOR
239 E. VIRGINIA STREET
TALLAHASSEE FL 32303

7. Name and Address of New Registered Agent
 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. \$4,000.00 10. Amount of Capital Contributions in FLORIDA to date. 4,000 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 #	MILLER, SUSANNE R 6427 DELOACHE AVE. DALLAS TX 75225	STREET ADDRESS	
NAME		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 *Suzanne R. Miller* **SUZANNE R. MILLER** 4-3-00
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone # **214 739-0588**