2008 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2008

DO NOT WRITE IN THIS SPACE

DOCUMENT # A95000000058

BONE MARROW/STEM CELL TRANSPLANT INSTITUTE, LTD.



Principal Place of Business 13737 NOEL ROAD, STE 100 DALLAS, TX 75240

Mailing Address ATTN: DONNA JARRELL 13737 NOEL ROAD, SUITE 100 DALLAS, TX 75240

FILED

2008 FEB 27 AM 11: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA



01112008 No Chg-LP

CR2E003 (12/06)

4. FEI Number	 Applied For	
65-0638328	Not Applicab	le
5. Certificate of Status Desired	\$8.75 Additional	

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

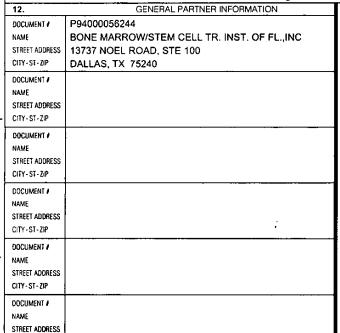
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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	. 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 familia the obligations of registered agent.	with, and accept
SI	IGNATI DE	

FILE NOW!!! FEE IS \$500.00 After May 1, 2008, 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



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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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Sec. of Gen Partner

469-893-2701