

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 23, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # B00000000259**

1. Entity Name  
**GREENHEAD, LTD. OF TEXAS**

|  |  |
|--|--|
| Principal Place of Business<br>8500 KENWORTH AVENUE<br><br>DALLAS TX 75241 | Mailing Address<br>8500 KENWORTH AVENUE<br><br>DALLAS TX 75241 |
|--|--|

|  |  |
|--|--|
| 2. Principal Place of Business<br>3819 TOWNE CROSSING BLVD.<br>Suite, Apt. #, etc.<br>SUITE 100<br>City & State<br>MESQUITE TX | 3. Mailing Address<br>3819 TOWNE CROSSING BLVD.<br>Suite, Apt. #, etc.<br>SUITE 100<br>City & State<br>MESQUITE TX |
| Zip<br>75150   | Country<br>US  |

4. FEI Number  
**75-2577889**

|             |                |
|-------------|----------------|
| Applied For | Not Applicable |
|-------------|----------------|

DO NOT WRITE IN THIS SPACE

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 US

**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 \_\_\_\_\_ DATE **08/23/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record. **236,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **63,833.00**

**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 |                      |
|---------------------------------|----------------------|
| DOCUMENT #                      | TI SUB GP, LLC       |
| NAME                            | TI SUB GP, LLC       |
| STREET ADDRESS                  | 8500 KENWORTH AVENUE |
| CITY-ST-ZIP                     | DALLAS TX 75241      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |
| DOCUMENT #                      |                      |
| NAME                            |                      |
| STREET ADDRESS                  |                      |
| CITY-ST-ZIP                     |                      |

| 13. ADDRESS CHANGES ONLY |                           |
|--------------------------|---------------------------|
| STREET ADDRESS           | 3819 TOWNE CROSSING BLVD. |
| CITY-ST-ZIP              | MESQUITE TX 75150         |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| CITY-ST-ZIP              |                           |
| STREET ADDRESS           |                           |
| 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)(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:** TI SUB GP, LLC GP **08/23/2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (11/00)