


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JUL 25 AM 10:15

DOCUMENT # B03000000094 1. Entity Name COTTON USA, LP					
Principal Place of Business 14345 NORTHWEST FREEWAY HOUSTON, TX 77040			Mailing Address 14345 NORTHWEST FREEWAY HOUSTON, TX 77040		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		07192005 Chg-LP CR2E003 (10/03)	
Zip		Country		4. FEI Number 76-0628204	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAPITOL CORPORATE SERVICES, INC. 1333 N DUVAL 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$10,000.00		10. Amount of Capital Contributions in FLORIDA to date.		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	M03000000836 CCI-CP, L.L.C. 14345 NORTHWEST FREEWAY HOUSTON, TX 77040		STREET ADDRESS		
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		
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DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP			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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date
					Daytime Phone #

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