

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B05000000070

**FILED**  
**May 19, 2009**  
**Secretary of State**

**Entity Name:** COLEMONT INSURANCE BROKERS OF TEXAS, LP

**Current Principal Place of Business:**

C/O CIB GP, INC.  
5910 NORTH CENTRAL EXPRESSWAY, SUITE 400  
DALLAS, TX 75206

**New Principal Place of Business:**

**Current Mailing Address:**

C/O CIB GP, INC.  
5910 NORTH CENTRAL EXPRESSWAY, SUITE 400  
DALLAS, TX 75206

**New Mailing Address:**

**FEI Number:** 20-0334964      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**GENERAL PARTNER INFORMATION:**

Document #: F04000006296  
Name: CIB GP, INC.  
Address: 5910 NORTH CENTRAL EXPRESSWAY, SUITE 400  
City-St-Zip: DALLAS, TX 75206

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KRIS BOSTICK

\_\_\_\_\_ Electronic Signature of Signing General Partner

MGR

05/19/2009

\_\_\_\_\_ Date