## 2004 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2004**

## DOCUMENT # B9300000041



04 MAY -4 PM 4: 40 SECRETARY OF STATE TALLAHASSEE, FLORIDA ARMACK MUSKOGEE LIMITED PARTNERSHIP Principal Place of Business Mailing Address 30 MORRIS LANE 30 MORRIS LANE TEXARKANA, TX 75503-2115 TEXARKANA, TX 75503-2115 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04302004 CR2E003 (10/03) Cha-LP City & State City & State 4. FEI Number Applied For 71-0427769 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Houck, Tom Street Address (P.O. Box Number is Not Acceptable) 312 South USI Mc/bourne, F1. 3290/ Zip Code City FL 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 The Signature, typed or printed name of registered agent and title if applicable 10. Amount of Capital Contributions Capital Contributions **\$1,000.00** as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY 13. M00000001325 DOCUMENT # STREET ADDRESS WARMACK AND COMPANY, L.L.C. NAME STREET ADDRESS 30 MORRIS LANE CITY-ST-ZIP CITY-ST-ZIP TEXARKÂNA, TX 75503 DOCUMENT # STREET ADDRESS 60<u>0036553</u>416 NAME 05/18/04--01055--030 \*\*141.25 STREET ADDRESS CITY-ST-ZIP- --CITY-ST-ZIP **DOCUMENT #** STREET ADDRESS NAME STREET ADDRESS CITY-ST-7/P

STREET ADDRESS CITY-ST-ZIP Tv<sub>/</sub> ST - ZIP 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

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER