

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # B93000000041

1. Entity Name
WARMACK MUSKOGEE LIMITED PARTNERSHIP



Principal Place of Business
**30 MORRIS LANE
TEXARKANA, TX 75503-2115**

Mailing Address
**30 MORRIS LANE
TEXARKANA, TX 75503-2115**

DO NOT WRITE IN THIS SPACE



03272007 No Chg-LP

CR2E003 (12/06)

4. FEI Number
71-0427769

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HOUCK, TOM JR.
312 SOUTH 451
MELBOURNE, FL 32901**

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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; amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M00000001325**
NAME **WARMACK AND COMPANY, L.L.C.**
STREET ADDRESS **30 MORRIS LANE**
CITY-ST-ZIP **TEXARKANA, TX 75503**

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

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000688336
04/10/07-80076-013 500.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE