

FILED
03 MAY -2 PM 6:16
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # B93000000380			
1. Entity Name SOPOCO LIMITED PARTNERSHIP			
Principal Place of Business 600 E LAS COLINAS BLVD., STE. 400 IRVING, TX 75039		Mailing Address C/O ARCHON GROUP, LEGAL DEPT. 600 E. LAS COLINAS BLVD., #400 IRVING, TX 75039	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 13-3730453		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 106 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
A. 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 _____ Signature, typed or printed name of registered agent and date if applicable			
9. Capital Contributions as Shown on record. \$5,289,932.00		10. Amount of Capital Contributions in FLORIDA to date. 5,289,923.	
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 #	F96000001309	STREET ADDRESS	
NAME	NEW SOPOCO CORP.	CITY-ST-ZIP	
STREET ADDRESS	600 E LAS COLINAS BLVD., STE. 400		
CITY-ST-ZIP	IRVING, TX 75039		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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NAME		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)(f), 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: <u><i>R.K. Beyer</i></u>		, Asst Secretary 4/25/2003	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

MIJH



FILE BY MAY 4, 2003

FL Zip Code

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STAPLE CHECK HERE

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