972.556.3821 Daytime Phone \*

2001 UNIFORM BUSINESS REPORT (UBI	2001	UNIFORM	<b>BUSINESS</b>	<b>REPORT</b>	(UBR
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ALLAS TX 75261-9091  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  DALLAS TX 75261-9091  SECRETARY OF S  ALLAHAS SEE FI  DO NOT WRITE IN THIS SPACE  4. FEI Number  75-2687492  To Country  5. Certificate of Status Desired See Reco	TATE ORIO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
Principal Place of Business Mailing Address  P.O. BOX 619091 IRVING TX 75039  P.O. BOX 619091 DALLAS TX 75261-9091  SECRE J ARY OF S TALL AHASSEE FI  TALL AHASSEE FI  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  City & State  City & State  Country  Zip  Country  Country  Tourish Place of Business  O1 APR 30 AM  SECRE J ARY OF S TALL AHASSEE FI  TALL AHASSEE FI  A. FEI Number  75-2687492  Tourish Place of Status Desired  \$8.75 Fee Rec  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent	TATE ORIO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
P.O. BOX 619091 IRVING TX 75039  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  T. Name and Address of New Registered Agent  SECRETARY OF S  SECRETARY OF S  TALL AHASSEE FI  Secretion Secretion SECRETARY OF S  TALL AHASSEE FI  Secretion Secr	TATE ORIO IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	
ALLAS TX 75261-9091  2. Principal Place of Business  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  This space  5. Certificate of Status Desired  \$8.75 Fee Rec  7. Name and Address of New Registered Agent		
2. Principal Place of Business 3. Mailing Address  Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE  City & State City & State 4. FEI Number 75-2687492  Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Rec		
Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  DO NOT WRITE IN THIS SPACE  4. FEI Number 75-2687492  To Country  5. Certificate of Status Desired	#=====================================	
City & State  City & State  4. FEI Number 75-2687492  Zip  Country  Country  5. Certificate of Status Desired	<b>4</b>	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Rec  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	<del></del>	
Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Fee Rec 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	Applied For Not Applicable	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	Additional	
Na		
Name		
CORPORATION SERVICE COMPANY  Street Address (P.O. Box Number is Not Acceptable)  1201 HAYS STREET		
TALLAHASSEE FL 32301-2525		
City FL Zip C	lode	
8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida.		
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTI   Registered Agent signature required when reinstating)   DATE		
9. Capital Contributions as Shown on record.  \$3,179,001.00  10. Amount of Capit:   Contributions in FLORIDA to dilete.  11. MAKE CHECK PAYABLE TO DEP SEE REVERSE SIDE FOR FEE IN		
A GENERAL PARTNER THAT IS A BUSINESS EN TITY 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 # F93000001072  NAME CARMIL CAPITAL CORPORATION  STREET ADDRESS		
STREET ADDRESS 600 EAST LAS COLINAS BLVD., STE. 1800 CITY-ST-ZIP IRVING TX 75039		
DOCUMENT # STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP		
CITY-ST-ZIP		
DOCUMENT / STREET ADDRESS NAME	1	
CITY-ST-ZIP	009	
DOCUMENT # STREET ADDRESS NAME	* * * * * * * * * * * * * * * * * * *	
STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP		
DOCRIMENT / STREET ADDRESS		
NAME STREET ADDRESS CITY-ST-ZIP		
OTTY-SI*ZIP  DOCUMENT ≠		
VAME 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 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 the receiver or trustee empowered to execute this report as required by Chap er 620, Florida Statutes	e information d partnership or	
SIGNATURE: SIGNATURE AND TYPED OR FINITED NAME OF SIGNING GENERAL PARTNER Date Dayling Phone	, ,,,,,,,, ,	