

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -5 AM 9:16

1. Name of Limited Partnership	1a. DOCUMENT # B98000000490
GREYSTAR MANAGEMENT SERVICES, L.P. <i>GA-AT CM</i>	



Mailing Address TWO RIVERWAY, SUITE 850 HOUSTON TX 77056	Principal Office Address TWO RIVERWAY, SUITE 850 HOUSTON TX 77056	3. Date Formed or Registered 07/29/1998	5a. Capital Contributions as Shown on record. \$10,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 3411 Richmond, Suite 200 Suite, Apt. #, etc. suite 200 City & State Houston, TX Zip 77046 Harris	2a. Principal Office Address 3411 Richmond Suite, Apt. #, etc. Suite 200 City & State Houston, TX Zip 77046 Harris	4. State or Country of Formation DE	6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) GREYSTAR HOLDINGS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) TWO RIVERWAY, SUITE 8	11b. City, State & Zip Code HOUSTON TX 77056	11c. Registration/ Document Number F98000004328
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\*\*\*\*158.75 \*\*\*\*158.75

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

*MA Faith*

DATE 12/30/98

Typed or Printed Name of General Partner Signing Form

Robert A. Faith

Daytime Telephone Number

(613) 966-5000

CR2E003 (8/98)