

B9500000276

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)
1406 Hays Street, Suite 2
(Address)
Tallahassee, FL 32301 (904) 655-3992
(City, State, Zip) (Phone #)

OFFICE USE ONLY

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 JUL 31 PM 4:59

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. FW-HY Partners, L.P., Ltd. 200001552852
(Corporation Name) (Document #) -08/03/95--01055--006
****140.00 ****140.00
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in
 Pick up time 4:30
 Certified Copy
 Mail out
 Will wait
 Photocopy
 Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

G. TAX _____
 FILING 52.50
 R. AGENT FEE 35.00
 C. COPY 52.50
 TOTAL 140.00
 N. BANK _____
 BALANCE DUE _____
 DEFUND _____

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input checked="" type="checkbox"/>	Foreign
<input checked="" type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

7/31/95

Examiner's Initials BSJ

Florida Department of State, Jim Smith, Secretary of State

APPLICATION BY FOREIGN LIMITED PARTNERSHIP
FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. FW-HY Partners, L.P., Ltd.
(Name of limited partnership as it is in the home state;

2. _____
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Texas (State of Formation) 4. April 1, 1988 (Date of Formation)

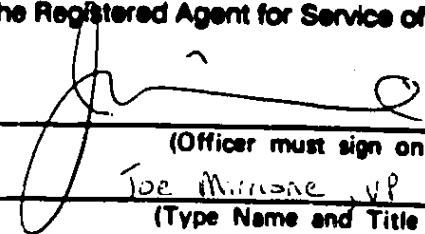
5. National Corporate Research, Ltd.
(Name of Registered Agent for Service of Process)

6. 1406 Hays Street - Suite #2,
(Street Address of Registered Office)

Tallahassee, Florida 32301
(City) (Zip Code)

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7. Acceptance by the Registered Agent for Service of Process.



(Officer must sign on this line)

Joe Milione, VP
(Type Name and Title of Officer)

8. 201 Main Street, Suite 3100, Fort Worth, TX 76102
(Address of Registered Office required in State of Formation or, if not required, Address of Principal Office.)

9. NAME OF GENERAL PARTNERS

Bondo FTW, Inc.

F95000003687

SPECIFIC ADDRESS

201 Main Street, Suite 2420
Fort Worth, Texas 76102

10. 201 Main Street, Suite 3100, Fort Worth, Texas 76102
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

12. 201 Main Street, Suite 3100, Forth Worth, Texas 76102
(Mailing Address of Limited Partnership)

This 19th day of July, 1995.
BONDO FTW, INC., general partner

By: [Signature]

Name: James J. O'Brien
Title: Vice President

STATE OF

COUNTY OF

THE FOREGOING instrument was acknowledged and sworn to before me this 19th day of July, 1995, by James J. O'Brien, Vice President (Name of General Partner) of Bondo FTW, Inc.

FW-HY Partners, L.P.
(Name of Limited Partnership), A Texas (State or Country) Limited Partnership, on behalf of the Limited Partnership.

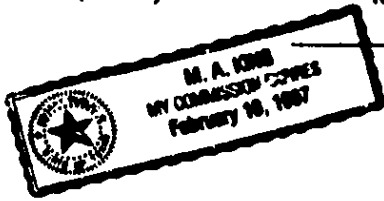
[Signature]

Notary Public
State of Texas at Large

My Commission Expires:

2-16-97

(SEAL)



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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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AFFIDAVIT OF CAPITAL CONTRIBUTIONS

BEFORE ME, the undersigned, personally appeared James J. O'Brien, Vice President, a general partner of FW-HY Partners, L.P., a (an) of Bondo FTW, Inc., Texas, limited partnership, hereinafter referred to as the "Partnership", who certifies as follows:

1. The amount of capital contributions of the limited partners is \$ 59,595,507.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$ 0.

This 19th day of July, 1995

FURTHER AFFIANT SAYETH NOT.

Under penalties of perjury I declare that I have read the foregoing and that the facts are to the best of my knowledge and belief.

Bondo FTW, Inc.
General Partner

By: [Signature]
Name: James J. O'Brien
Title: Vice President

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9 JUL 31 PM 4:59

STATE OF Texas
COUNTY OF Tarrant
DATE 7-19-95

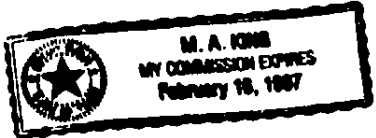
BEFORE ME, the undersigned officer, a Notary Public authorized to administer oaths and to take acknowledgments in and for the State and County set forth above, personally appeared James J. O'Brien, Vice President of Bondo FTW, Inc. (General Partner, known to me and know by me to be the person who executed the foregoing Affidavit of Capital Contributions, and he acknowledged to me and before me that he executed this Affidavit as General Partner of said partnership.

IN WHITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 19th day of July, 1995.

[Signature]
Notary Public

Seal

State of Texas at Large
My Commission Expires: 2-16-97



FILE ON OR BEFORE DECEMBER 31, 1995 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra McInnes
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 DEC 19 PM 2:35

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership

FW-HY PARTNERS, L.P., LTD.

1a. DOCUMENT #
B9500000276

2. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

2a. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City, State & Zip

400001678634
01704735-01074-003
***191.25 ***191.25

Mailing Address

201 MAIN STREET, SUITE 2100
FORT WORTH TX 76102

Principal Office Address

201 MAIN STREET, SUITE 2100
FORT WORTH TX 76102

If above addresses are incorrect in any way, line through the incorrect information and enter correct address in Block 2 and/or 2a.

3. Date Formed or Registered to Do Business in
FLORIDA 07/31/1985

3a. Date of Last Report

4. State or Country of Formation
TX

5a. Capital Contributions as Shown
on Record 80.00

5b. Amount of Capital Contributions in
FLORIDA to date -0-

6. FEI Number
75-2183913

Applied For

Not Applicable

7. CERTIFICATE OF STATUS REQUIRED

8. FEES: 1.) Filing Fee: Computed at a rate of \$7 per \$1,000 on amount entered in 5b or 5a if 5b blank, with a minimum filing fee of \$52.50 and a maximum of \$457.50
2.) Supplemental Fee: \$138.75 (pursuant to section 807.193, F.S.)
THE AMOUNT DUE SHALL BE NO LESS THAN \$191.25 (\$52.50 + \$138.75) AND NO MORE THAN \$576.25 (\$437.50 + \$138.75)
Note: If the amount entered in 5b is greater than amount entered in 5a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
MAKE CHECK PAYABLE TO FLORIDA DEPT. OF STATE.

9. Name and Address of Current Registered Agent

NATIONAL CORPORATE RESEARCH, LTD.
1408 HAYS STREET - SUITE 2
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

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 (Required - Agent Accepting Appointment)

DATE

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY

11. Name(s) of General Partner(s)

BONDO FTW, INC.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

201 MAIN STREET, SUIT

11b. City, State & Zip Code

FORT WORTH TX 76102

11c. Registration/
Document Number

F9500000276

AR. \$52.50
SF \$138.75

1-2-96a

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 630, Florida Statutes.

SIGNATURE

W R Cotham

DATE

12-4-95

Typed or Printed Name of General Partner Signing Form

W R Cotham

Telephone Number

CR2E003 (6/95)