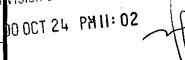


## FLORIDA DEPARTMENT OF STATE **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS FILED SECRETARY OF STATE D VISION OF CORPORATIONS



<b>DOCUMENT #</b>	<sup>£</sup> в9000000352
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1. Name of Limited Partnership

ALEGIS GROUP, LIMITED PARTNERSHIP

2. Principal Office Address 3. Mailing Office Address		4. Date Formed or Registered To Do Business in Florida SEPTEMBER 24, 2000		
9700 BISSONNE	T	9700 BISSONN	IET	5. FEI Number Applied For
Suite, Apr. #, etc.	Suite, Apt. #, etc.  Suite, Apt. #, etc.		X Not Applicable	
2000		2000		
City & State		City & State		CERTIFICATE OF STATUS DESIRED 58.75 Additional Fee required for a Certificate of Status
HOUSTON, TEXA	··	HOUSTON, TEXA	S	7a. Capital Contributions as shown on Record:
Zip	Country	Zip	Country	(
77036	UNITED STATES	77036	UNITED STATE	TES 7b. Amount of Capital Contributions in FLORIDA to date:
	8. Name and Address of	Current Registered Age	ent	\$2,000.00
Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD Suite, Apt. #, Etc.			FEES:  1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office.  2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  Note: If the amount entered in 7b is greater than amount entered in	
City PLANATION		State <b>FL</b>	Zip Code 33324	7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.
for the purpose of chan agent. I am familiar with SIGNATURE (Registered Ag	nging its registered office or register, and accept the obligations of segent Accepting Appointment)  PARTNER THAT IS	ered agent, or both, in the Statection 620.192, Florida Statute  S A CORPORAT	ate of Florida. Such change wees.  TION, LIMITED I	thip organized or registered under the laws of the State of Florida, submits this statement of was authorized by its general partner(s). I hereby accept the appointment of registered  DATE  DATE
	MUST	BE REGISTER	ED AND ACTIV	VE WITH THIS OFFICE.
10. Name(s) of G	eneral Partner(s)		ch General Partner t Office Box Numbers)	City, State and Zip Code 10a. Registration Document Number
1		ł	ŀ	·

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
ALEGIS GROUP, LLC	9700 BISSONNET: (3. (-C)	HOUSTON, TEXAS 77036	M99000001450
		] -11/08/0	571000 001040003  25 ****141.25
<b>∞</b> €			
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11.	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)(i), Florida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(i) 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 of
	trustee empowered to execute this report as required by ehepter 620, Florida Statutes.

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Typed or Printed Name of General Partner Signing Form ROBERT A. RODERICK

Telephone Number 713-784-9966

10-23-00