
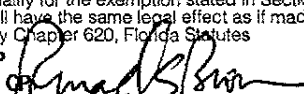


**FILED**  
**Feb 20, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A21999</b>				<b>Feb 20, 2004 08:00 AM</b> <b>Secretary of State</b>	
1. Entity Name <b>TAMPA RETAIL LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>2100 MCKINNEY AVENUE, SUITE 700 DALLAS, TX 75201</b>		Mailing Address <b>2100 MCKINNEY AVENUE, SUITE 700 DALLAS, TX 75201</b>			
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 <b>75-2078310</b>	
6. Name and Address of Current Registered Agent <b>PRENTICE HALL CORPORATION SYSTEMS, INC. 1201 HAYS ST. SUITE 105 TALLAHASSEE, FL 32301</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
8. 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. <b>\$185,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	<b>A16895 CROW-TAMPA RETAIL #2, LTD. ✓ 2100 MCKINNEY AVENUE, SUITE 700 DALLAS, TX 75201</b>	STREET ADDRESS			
		CITY-ST-ZIP	<b>000000001936 03/03/04 00000 001 526.25</b>		
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DOCUMENT # NAME STREET ADDRESS 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)(i), 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.					
By: <b>Crow Tampa Retail #2, Ltd., Its: Managing GP</b> By: <b>Crow Family 1991 Limited Partnership, Its: GP</b> SIGNATURE: <b>By: Crow Family, Inc., Its: GP</b> 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER <b>Ronald S. Brown, VP</b> <b>02-20-04</b> <b>214-6661-8000</b>					