## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## DOCUMENT # B93000000041

1. Entity Name

WARMACK MUSKOGEE LIMITED PARTNERSHIP



FILED Apr 02, 2007 08:00 All Secretary of State

Principal Place of Business

30 MORRIS LANE TEXARKANA, TX 75503-2115 Mailing Address

30 MORRIS LANE

TEXARKANA, TX 75503-2115



## DO NOT WRITE IN THIS SPACE

03272007 No Chg-LP CR2E003 (12/06)

4. FEI Number Applied For 71-0427769 Not Applied For Not Applicable

5. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

HOUCK, TOM JR. 312 SOUTH 451 MELBOURNE, FL 32901

## DO NOT WRITE IN THIS SPACE

|    | b. 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. It is the obligations of registered agent. | am familiar with, and accept |
|----|--|------------------------------|
| SI | , SIGNATURE  |                              |

FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; Intendment must be filed to change a general partner.

| _        |                 | NOTE: General Partners MAY NOT be changed on the | ĺC |
|----------|-----------------|--|----|
|          | 12.             | GENERAL PARTNER INFORMATION                      |    |
|          | DOCUMENT #      | M00000001325                                     |    |
|          | NAME            | WARMACK AND COMPANY, L.L.C.                      |    |
|          | STREET ADDRESS  | 30 MORRIS LANE                                   |    |
|          | CITY-ST-ZIP     | TEXARKANA, TX 75503                              |    |
| J        | DOCUMENT /      | 90 .**   |    |
| ١        | NAME            |  |    |
|          | STREET ADDRESS  | , , , (  |    |
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3/29/07

Daytime Phone #