


**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
03 APR 30 AM 5:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # A0200001722**

1. Entity Name  
**BEICH VENTURES, LTD.**



Principal Place of Business  
5555 MORNINGSIDE, SUITE 207  
HOUSTON, TX 77005

Mailing Address  
5555 MORNINGSIDE, SUITE 207  
HOUSTON, TX 77005

4/30



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**DUE BY MAY 1 2003**

City & State

4. FEI Number  
65-6400191

Applied For  
 Not Applicable

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FOWLER WHITE MYERS KRAUSE**  
5811 PELICAN BAY BOULEVARD, SUITE 600  
NAPLES, FL 34108

7. Name and Address of New Registered Agent

Name  
**Fowler White Boggs Banker P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
5811 Pelican Bay Boulevard

Suite 600

City **Naples** FL Zip Code **34108**

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.

**FOWLER WHITE BOGGS BANKER P.A.**

SIGNATURE *Jeannette Scawald* *Jeannette L. Scawald, Esq.* **4/24/03**

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

9. Capital Contributions as Shown on record. **\$9,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$6,529,843.89**

**11. MAKE CHECK PAYABLE TO FL DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION**

**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; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	<b>P02000134423</b>
NAME	<b>BEICH VENTURES, INC.</b>
STREET ADDRESS	<b>5555 MORNINGSIDE, SUITE 207</b>
CITY-ST-ZIP	<b>HOUSTON, TX 77005</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>400017348844</b>
CITY-ST-ZIP	<b>04/30/03-03018-010 **526.25</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

STAPLE CHECK HERE

CR2E003 (10/02)

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.

SIGNATURE *Jeff Beich (Fritz P. Beich)* **4/11/03** **713-526-1785**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #