2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

CHECK

03 APR 30 AM 5: 35 **DOCUMENT # A02000001722** 1. Entity Name BEICH VENTURES, LTD. Principal Place of Business Mailing Address 5555 MORNINGSIDE, SUITE 207 5555 MORNINGSIDE, SUITE 207 HOUSTON, TX 77005 HOUSTON, TX 77005 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2009 City & State City & State 4. FEI Number Applied For 65-6400191 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Fowler White Boggs Banker P.A. FOWLER WHITE MYERS KRAUSE 5811 PELICAN BAY BOULEVARD, SUITE 600 Street Address (P.O. Box Number is Not Acceptable) 5811 Pelican Bay Boulevard NAPLES, FL 34108 Suite 600 ²34108 Naples 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 10. Amount of Capital Contributions in FLORIDA to date. \$6,529,843.89 MAKI, CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions as Shown on redord. \$9,000,000.00 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. ADDRESS CHANGES ONLY GENERAL PARTNER INFORMATION 12. 13. CRZE003 (10/02) DOCUMENT # P02000134423 STREET ADDRESS BEICH VENTURES, INC. NAME 5555 MORNINGSIDE, SUITE 207 STREET ADDRESS CITY -ST-ZIP HOUSTON, TX 77005 DOCUMENT ! 400017348844 STREET ADDRESS STREET ADDRESS CITY -ST - ZIP CITY-ST-2IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - 21P CITY-ST-ZIP DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-S1-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY -ST-2IP 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 legat 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