2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

## FILED A10927 **DOCUMENT #** 1. Entity Name PARAGON PLAZA TWO, LTD. 03 MAR 10 AM 9:00 SECRE PARY OF STATE TALLAHASSLE FLORIDA Principal Place of Business Mailing Address 8214 WESTCHESTER, 9TH FLOOR 8214 WESTCHESTER, 9TH FLOOR DALLAS TX 75225 DALLAS TX 75225 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number Applied For 75-2502179 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BEARD. RICHARD A III** 100 N. TAMPA ST., SUITE 3175 2175 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33602** City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$125.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION 12. ADDRESS CHANGES ONLY A10926 DOCUMENT # CR2E003 (10/02 STREET ADDRESS PARAGON PLAZA ASSOCIATES TWO, LTD. NAME 10000 N. CENTRAL EXPWY.,#1150 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75231 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <u>800013728638</u> DOCUMENT # 03/10/03--01053--030 \*\***1\*D 00** STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP -XITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 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 empowerage to execute this report as resourced by Chapter 620, Florida Statutes WRC Holdings. Inc.

SIGNATURE:

3/3/03 214/360-1830

Jerry J. Bonner, Sec/Treas

WRC Holdings, Inc.