2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

CHECK

STAPLE

SIGNATURE:

SIGNATURE AND TYPED OR PRIN

D NAME OF SIGNING GENERAL PAR

## FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # A14275** 1. Entity Name HENDRY INVESTMENTS, LIMITED 05 FEB 28 AM 11: 20 Principal Place of Business Mailing Address 402 EAST RAMSEY 402 EAST RAMSEY SAN ANTONIO, TX 78216 SAN ANTONIO, TX 78216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 CR2E003 (10/03) Chg-LP Applied For City & State City & State 4. FEI Number 74-2168054 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 KELLY, PETER J 100 SOUTH ASHLEY DRIVE 0 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 liftle if applicable. DATE 9. Capital Contributions 10. Amount of Capital Contributions \$9,000.00 in FLORIDA to date. as Shown on record. 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. 13. ADDRESS CHANGES ONLY F93000004111 DOCUMENT # STREET ADDRESS HENDRY INVESTMENTS, INC. NAME 402 EAST RAMSEY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN ANTONIO, TX 78216 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP <del>- 100047979151</del> 03/09/05--01003--024 \*\*15 DOCUMENT / STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAMÈ STREET ADDRESS CITY-ST-ZIP CITY ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-7fF 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