

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A16336**

1. Entity Name

OAK FOREST ASSOCIATES, LTD.

FILED
Apr 26 2000 8:00 am
Secretary of State

Principal Place of Business

**6210 CAMPBELL ROAD, SUITE 140
 DALLAS TX 75248**

Mailing Address

**6210 CAMPBELL ROAD, SUITE 140
 DALLAS TX 75248-1380**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

39-1450532

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions
 as Shown on record.

\$3,425,000.00

10. Amount of Capital Contributions
 in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO 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

13. ADDRESS CHANGES ONLY

DOCUMENT #
 NAME **WERRA, ROBERT J**
 STREET ADDRESS **6210 CAMPBELL ROAD, SUITE 140**
 CITY - ST - ZIP **DALLAS TX 75248**

STREET ADDRESS
 CITY - ST - ZIP

700003268747-0
-05/26/00--01082--019
******535.00 ****535.00**

DOCUMENT #
 NAME **CONWAY, BARRY T**
 STREET ADDRESS **7740 ROSWELL ROAD, SUITE 101**
 CITY - ST - ZIP **DUNWOODY GA**

STREET ADDRESS
 CITY - ST - ZIP

DOCUMENT #
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CE 001 0001