	MENT # A16895	By May 1, 2	P ANNU 005	JAL REP	ORT	Mar 08 Sec	FILED 8, 2005 08:00 A retary of State	
	ĂMPA RÉTAIL #2, LTC).						
Principal Place of Business Mailing Address 2100 MCKINNEY AVENUE, SUITE 700 2100 MCKINNEY AVEI DALLAS, TX 75201 DALLAS, TX 75201			iey avenue, sur	TE 700				
2. Principal F	lace of Business	3. Mailing Addre	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.		01062005	Chg-LP	CR2E003 (10/03)	
City & State		City & State	City & State		4. FEI Numl 75-19		Applied For Not Applicab	
Zip	Country	Zip	Cour	try		e of Status Desired	B State Stat	
6. Name and Address of Current Registered Agent				Name	7, Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301				Street Address (s (P.O. Box Number is Not Acceptable)			
				City	_ <u></u>		FL Zip Code	
SIGNATURE	signature, typed or printed name of register ntributions\$18.00	10, Amoun	t of Capital Contri	outions		+ /	DATE	
as Shown		IN FLOI	RIDA to date.	UST BE REGIS	ERED AND	ACTIVE WITH	THIS OFFICE,	
12.	NOTE: General Partne GENERAL PA	rs MAY NOT be chang RTNER INFORMATION	ed on the form	n; an amendmer	it must be fi		general partner.	
DOCUMENT / B93000000184 NAME CROW FAMILY 1991 LIMITE STREET ADDRESS 2100 MCKINNEY AVENUE, S			STR	EET ADDRESS		· · · · · · · · · · · · · · · · · · ·		
CITY-ST-ZIP	DALLAS, TX 75201		CITY	-ST-ZIP	U00000255230 03/08/05-80008-012 141.25			
DOCUMENT # NAME STREET ADDRESS	KELLY, STEPHEN B. 5405 CYPRESS CTR DR #		EET ADDRESS					
CITY-ST-ZIP DOCUMENT #	TAMPA, FL 33609			- ST- ZIP			<u> </u>	
NAME STREET ADDRESS CITY - ST - ZIP				-ST-ZIP				
DOCUMENT #		······································	STR	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY	·ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS	· <u>·</u>			
STREET ADDRESS CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY	- ST-ZIP				
DOCUMENT # NAME			STR	EET ADDRESS				
STREET ADDRESS CITY - ST - ZIP				-ST-ZIP				
14. Thereby indicated the received By: Crow By: Crow	certify that the information suppli on this report is true and accura- ver or trustee empowered to exe Famf 1y 1991 (Limited www.Family./fnc	ed with this filing does not the and that my signature s cute this report as required Partmership, its	qualify for the exe shall have the sam d by Chapter 620, :: GP	mption stated in Se e legal effect as if r Florida Statutes	otion 119.07(3 hade under oa)(i), Florida Statute h, that I am a Gen	es. I further certify that the information eral Partner of the limited partnership	
SIGNAT	URE: SIGNATURE AND	x Jown	<u> </u>		·	2-28-05	5 214-661-8000 Daytime Phone #	