

# 2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A25502**

1. Entity Name  
**TEXAS INVESTMENT, LTD.**



FILED

03 MAY -9 PM 3:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**132 MINORCA AVE.  
CORAL GABLES FL 33134**

Mailing Address  
**132 MINORCA AVE.  
CORAL GABLES FL 33134**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**DUE BY MAY 1, 2003**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

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

**SULLIVAN, JOHN  
801 BRICKELL AVE., 16TH FLOOR  
MIAMI, FL 33131**

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. I am familiar with, and accept the obligations of registered agent.

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

DATE

9. Capital Contributions **\$10,000.00**  
as Shown on record.

10. Amount of Capital Contributions  
in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. 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 # **M62508**  
NAME **TEXAS INVESTMENT GENERAL, INC.**  
STREET ADDRESS **132 MINORCA AVE.**  
CITY-ST-ZIP **CORAL GABLES FL**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT # **F94000001441**  
NAME **CENTENNIAL TRADE INC.**  
STREET ADDRESS **P.O. BOX 6-1014, ELDORADO N/A**  
CITY-ST-ZIP **PANAMA, REP. OF PANAMA**

STREET ADDRESS

CITY-ST-ZIP

**100018686771  
05/09/03--01111--013 \*\*158.75**

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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 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

**4/24/03**

Date

**305-381-8340**

Daytime Phone #

CR2E003 (10/02)

0001634 AV