2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

				\ /	_	
DOCUMENT # A27543 1. Entity Name					scom fit Fr	
MONTEREY ASSOCIATES, LTD., A WISCONSIN LIMITED P				SECRETARY OF STATE DIVISION OF CORPORATIONS - 00 APR 28 AM 3: 05		
Principal Place of Business Mailing Address					UUAPR 28 AM O	
6210 CAMPBELL ROAD. STE. 140 DALLAS TX 75248		6210 CAMPBELL ROAD. STE. 140 DALLAS TX 75248-1380			API 3: 05	
						
2. Principal Place of Business		3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE	
City & State		City & State			20 1440570	ied For Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired \$8.75 Addition Fee Required	onal
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
				Name		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)		
SUITE 105						
TALLAHASSEE FL 32301				City FL Zip Code		
8. The above	named entity submits this statement fo	r the purpose of changing its n	egistere	ed office or register	red agent, or both, in the State of Florida.	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registere	d Agent signature required	d when reinstating) DATE	
9. Capital Cor as Shown o	on record.	10. Amount of Capital in FLOR(DA to date	te.		11. MAKE CHECK PAYABLE TO DEPT. OF S SEE REVERSE SIDE FOR FEE INFORM	
	A GENERAL PARTNER T NOTE: General Partners MA	HAT IS A BUSINESS ENT Y NOT be changed on the	ITY Me form	UST BE REGIS' ; an amendmer	TERED AND ACTIVE WITH THIS OFFICE. It must be filed to change a general partner.	
12.	GENERAL PARTNER	RINFORMATION	13.		ADDRESS CHANGES ONLY	
DOCUMENT#	F93000005024			ET ADORESS	_	
NAME STREET ADDRESS CITY - ST - ZIP	MNT, INC. 6210 CAMPBELL ROAD, STE. 1400 DALLAS TX 75248		CITY	- ST-ZIP	3000032687433 -05/26/0001082018	
DOCUMENT#	DALLAS IN 13240			ET ADDRESS	****535.00 ****535.00	
NAME STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT# NAME				ET ADDRESS		
STREET ADDRESS CITY - ST - ZIP			СПҮ	-ST-ZIP		
DOCUMENT# NAME			STRI	ET ADDRESS		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
DOCUMENT# NAME			STRI	ET ADDRESS	*	
STREET ADORESS CITY+ST-ZIP			CITY	-ST-ZIP		
DOCUMENT# NAME			STRI	ET ADDRESS		
STREET ADORESS CITY - ST - ZEP	<u></u>			-ST-ZIP		
indicated	certify that the information supplied with on this report is true and accurate and eer or trustee empowered to execute thi	that my signature shall have th	ne same	e legal effect as if r	ection 119.07(3)(i), Florida Statutes. I further certify that the info made under oath; that I am a General Partner of the limited par	rmation tnership or

Date

Daytime Phone #