## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9500000790								
1. Entity Name					FILED SECRETARY OF STATE DIVISION OF CORPORATIONS			
ST. ANDREWS I LIMITED PARTNERSHIP					DIVISION OF CORPORATIONS			
Principal Place of Business Mailing Address					00 MAY -9 PM 1:33			
2001 ROSS AVENUE. SUITE 3200         2001 ROSS AVENUE. SUITE 3200           DALLAS TX 75201         DALLAS TX 75201-2927								
						1 <b>1:18 (6:18) 8</b> 11:11 <b>61:</b> 111 <b>8.8</b> 1:11		318 ( <b>23</b> 1 <b>8</b> 14)11 <b>44</b> 18 ( <b>68</b> 1
2. Principal Place of Business  3. Mailing Address  7.100 M. V. I. M. M. V. M. M. V. M. M. V. M. M. M. V. M. M. M. V. M. M. M. M. M. M. M. V. M.				שומו			10    06    16    1	
Suite, Apt. #, etc. Suite, Apt. #, etc.			rey Ava	DO NOT WRITE IN THIS SPACE				
Stufe 700 Stufe 70			<u>U</u>		4. FEI Number Applied For			
<u> </u>	Country	Zinca l	Country		75-268112		\$8.	Not Applicable  75 Additional
zin 151	6. Name and Address of Current R	75201	USA		7	of Status Desired	LJ Ėee	Required
		Name	7. Name and Address of New Registered Agent Name					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2607				Street Address (P.O. Box Number is Not Acceptable)				
				4				
			City					
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								
9. Capital Contributions 4, 53, 53, 583, 283, 00 as Shown on record.  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  DOCUMENT # F97000001732				1		ADDRESS CHAP		
NAME STREET ADDRESS	CROW FAMILY, INC. 2001 ROSS AVENUE, SUITE 3200			=TADORESS 2100 Mckinney Ave Suite 700				
CITY-ST-ZIP	DALLAS:TX 75201		CITY-ST-ZIP	D	allas, Ti	exas 75	201	
DOCUMENT # NAME		·	STREET ADDRESS	5				
STREET ADDRESS CITY-ST-ZIP	ı				20 20	00032:	9719	gn
DOCUMENT #			STREET ADDRESS	;	,	-06/20/00 ****526	001054 25 ***	F-007 ₩526, 25
STREET ADDRESS			CITY-ST-ZIP					We have the de from tage
DOCUMENT #			STREET ADDRESS	;			<u> </u>	
STREET ADDRESS			CATY-ST-ZEP					
DOCUMENT#			STREET ADDRESS					
STREET ADDRESS			CITY-ST-ZIP		<u>:</u>			
DOCUMENT	·				•		·	. <del></del>
NAME Street Address	,		STREET ADDRESS		· ·			
CITY-ST-ZIP	and the share to the second se	Note filling along the second	CITY-ST-ZIP	into d in O	ation 440 07(0)(1)	Elorido Statutas 15	urther costife a	nat the information
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 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.								
La JUNE DE DE COMBRE DE LE DE LE								
SIGNATURE: 10 10 10 10 10 10 10 10 10 10 10 10 10								