

# 2001 UNIFORM BUSINESS REPORT (UBR)

0015179 AF

DOCUMENT # A95000000790

1. Entity Name

ST. ANDREWS I LIMITED PARTNERSHIP

FILED

Principal Place of Business

2100 MCKINNEY AVE., SUITE 700  
DALLAS TX 75201

Mailing Address

2100 MCKINNEY AVE., SUITE 700  
DALLAS TX 75201

01 MAY 11 PM 12:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

75-2687129

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2607

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.

22,427,102  
\$2,983,283.00

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 # F97000001732  
NAME CROW FAMILY, INC.  
STREET ADDRESS 2100 MCKINNEY AVE., SUITE 700  
CITY-ST-ZIP DALLAS TX 75201

STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
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CITY-ST-ZIP

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STREET ADDRESS  
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:

By: Crow Family, Inc.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Ronald S. Brown  
Vice President

Date

Daytime Phone #

APR 24 2001

214-661-8000

CR2E003 (11/00)