

2001 UNIFORM BUSINESS REPORT

B0000000021

DOCUMENT # B0000000021

1. Entity Name

Balapines Partners, LP

FILED  
01 MAY -9 PM 3:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business		Mailing Address	
2. Principal Place of Business 2025 Lakepointe Dr.		3. Mailing Address same	
Suits, Apt. #, etc. Suite 1B		Suits, Apt. #, etc.	
City & State Lewisville, TX		City & State	
Zip 75057	Country USA	Zip	Country
4. FEI Number 23-3029315		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CT Corporation System 1200 S. Pine Island Rd. Plantation, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		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 \_\_\_\_\_ (NOTE: Registered Agents signature required when transferring) \_\_\_\_\_ DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. \$1000	10. Amount of Capital Contributions in FLORIDA to date. \$0
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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 # M0000000206	NAME Balapines GP, LLC	STREET ADDRESS	
STREET ADDRESS 2025 Lakepointe Dr., Suite 1B	CITY-ST-ZIP Lewisville, TX 75057	CITY-ST-ZIP	
DOCUMENT #	NAME	STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	
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CR2ED03 (11/00)

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] Daniel J. Keating, III Date: 5/8/01 Daytime Phone #: 610-668-4100