

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By September 7, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 SEP 12 AM 9:37

DOCUMENT # B00000000106

1. Entity Name
JPI INVESTMENT COMPANY, L.P.



Principal Place of Business
600 EAS LAS COLINAS BLVD., SUITE 1800
IRVING, TX 75039

Mailing Address
P.O. BOX 619091
DALLAS, TX 75261-9091

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07142005

Chg-LP

CR2E003 (10/03)

4. FEI Number
75-2383529

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 32301-2525

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
as Shown on record. \$1,395,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

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 # B00000000106
NAME JPI/H LIMITED PARTNERSHIP
STREET ADDRESS 600 EAS LAS COLINAS BLVD., SUITE 1800
CITY-ST-ZIP IRVING, TX 75039

STREET ADDRESS

CITY-ST-ZIP

300060125433
10/03/05--01002--011 **526.25

DOCUMENT #
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CITY-ST-ZIP

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CITY-ST-ZIP

300060125433
10/03/05--01002--010 **400.00

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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: Thomas F. Kavanagh Thomas F. Kavanagh
Asst. Vice President

Date

Daytime Phone #

STAPLE CHECK HERE