2002 UNIFORM BUSINESS REPORT (UBR)									
DOCU			•		٠ ,	×.			
AMHERS			7	EI					
1900 WEST LOOP SOUTH, 5TH FL 1			Mailing Address 1900 WEST LOOP SOUTH, 5TH FL HOUSTON TX 77027			O2 MAR 15 AM 9:292 JEORETARY OF STATE TALLAHASSEE, FLORIDA			
2. Principal P	lace of Business	100	Mailing Address	Felipe	1				
Suite, Apt. #, etc.			Suite, Apt. #, etc. 1300			DUE BY MAY 1, 2002			
# 8 State	ston	exa 5	TOUSON	Texas	5	FELANIMber	APPLIED F		Applied For Not Applicable
770	Count	USA -	77056	County S/		5. Certificate of			.75 Additional Required
BARRY IV 1515 SOL BOCA RA	Name Speet Ac ON ON City	ddress (P.	Bar O. Box Number Casole Mamu	s Not Alcentab		n 3∞ Zip Çode			
8. The above named entity submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE SIGNATURE									
9. Capital Co	Signature, typed or printed na natributions on record.	Me of registered agent and till	Contributions	-)	200			DEPT. OF STATE EE 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.	GE F00000004998	NERAL PARTNER INF	ORMATION	13.			ADDRESS CH	HANGES ONLY	
NAME STREET ADDRESS	ASG GENERAL PA 1900 WEST LOOP			STREET ADDRESS CITY-ST-ZIP	57	57 Sq.		se, Si) ite 1300
CITY-ST-ZIP DOCUMENT	HOUSTON TX			STREET ADDRESS	עז	<u>USION</u>	1×	מרד	ط
NAME STREET ADDRESS				CITY-ST-ZIP		 			
DOCUMENT #				STREET ADDRESS		60	0005 -03/22	1464 1 702010	561- 48025
NAME STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP	-u	24.	****5	35.00 *	
DOCUMENT # NAME				STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				CITY-ST-ZIP					
DOCUMENT # NAME				STREET ADDRESS					
STREET AUDRESS City-St-zip				CITY-ST-ZIP		, ,			
DOCUMENŤ # NAME				STREET ADDRESS					
STREET ADDRESS CITY-ST-ZIP				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 explute this report as required by Chapter 620, Florida Statutes									