

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 JUN 22 AM 9:28

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

*MDH*

**DOCUMENT # B00000000378**

1. Entity Name  
 OFFICE DEPOT OF TEXAS, L.P.



Principal Place of Business  
 2200 OLD GERMANTOWN ROAD  
 DELRAY BEACH, FL 33445

Mailing Address  
 P.O. BOX 5029  
 BOCA RATON, FL 33431-0829

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02062004

Chg-LP

CR2E003 (10/03)

*6/22*

4. FEI Number

74-2898777

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

CORPORATE CREATIONS NETWORK INC  
 11380 PROSPERITY FARMS RD #221E  
 PALM BEACH GARDENS, FL 33410-2525

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.

**\$100.00**

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 # P14403  
 NAME OFFICE DEPOT, INC.  
 STREET ADDRESS 2200 OLD GERMANTOWN ROAD  
 CITY-ST-ZIP DELRAY BEACH, FL 33445

STREET ADDRESS

CITY-ST-ZIP

200038742682  
 07/06/04--01032--018 \*\*100.00  
 200038742682  
 07/06/04--01032--018 \*\*100.00

DOCUMENT #  
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 CITY-ST-ZIP

STREET ADDRESS

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:**

*Jeffrey Aiken*

Jeffrey Aiken

4/21/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #