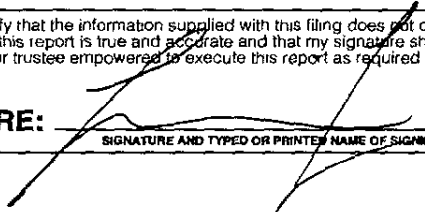


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # B01000000055			
1. Entity Name DIVINE & SERVICE, LTD.			
Principal Place of Business 231 E. MAIN, STE 240 ROUND ROCK, TX 78664		Mailing Address 231 E. MAIN, STE 240 ROUND ROCK, TX 78664	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt. #, etc	
City & State		City & State	
Zip	Country	Zip	Country
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
4. FEI Number 74-2843249		Applied For ☐ Not Applicable	
03292004 Chg-LP		CR2E003 (10/03)	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ DATE _____ Signature typed or printed name of registered agent and title if applicable			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date \$0.00 52.50 + 8.75 = \$141.25	
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 #	NAME	STREET ADDRESS	
NAME	PETERSON, KEITH R	CITY- ST- ZIP	
STREET ADDRESS	231 E. MAIN, STE 240		
CITY- ST- ZIP	ROUND ROCK, TX 78664		
DOCUMENT #	NAME	STREET ADDRESS	
NAME	LARSON, LONNIE D	CITY- ST- ZIP	
STREET ADDRESS	231 E. MAIN, STE 240		
CITY- ST- ZIP	ROUND ROCK, TX 78664		
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
STREET ADDRESS			
CITY- ST- ZIP			
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CITY- ST- ZIP			
DOCUMENT #	NAME	STREET ADDRESS	
NAME		CITY- ST- ZIP	
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: 		Date 5/2-255-1636	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Daytime Phone #	

STAPLE CHECK HERE

U00000157261
05/06/04-20010-000 141.25