

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 27 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

DOCUMENT # B01000000149

1. Entity Name
FLEMING FOODS OF TEXAS, L.P.



Principal Place of Business
3524 N.W. 56
OKLAHOMA CITY, OK 73112

Mailing Address
3524 N.W. 56
OKLAHOMA CITY, OK 73112

2. Principal Place of Business
5701 N. Shartel
Suite, Apt. #, etc.

3. Mailing Address
5701 N. Shartel
Suite, Apt. #, etc.



04192004 Chg-LP CR2E003 (10/03) 4/27

City & State
OK City OK
Zip 73118 Country US

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OK City OK
Zip 73118 Country US

4. FEI Number
75-1577380
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

7. Name and Address of New Registered Agent

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

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

DOCUMENT # F94000006587
NAME FLEMING COMPANIES, INC.
STREET ADDRESS 6525 N. MERIDIAN
CITY-ST-ZIP OKLAHOMA CITY, OK 73116

13. ADDRESS CHANGES ONLY

STREET ADDRESS 5701 N. Shartel
CITY-ST-ZIP Oklahoma City, OK 73118

DOCUMENT #
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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: *Mike Beckwith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

Mike Beckwith, Assistant Treasurer

STAPLE CHECK HERE