## 2002 UNIFORM BUSINESS REPORT (URR)

DOCUMENT # B0100000158  1. Entity Name COYOTE MANAGEMENT L.P.							FILED 02 JUN 17 PM 4: 42			
Principal Place of Business 16475 DALLAS PARKWAY, SUITE 250 ADDISON TX 75001				Mailing Address 16475 DALLAS PARKWAY. SUITE 250 ADDISON TX 75001				SECRETARY OF STATE TALLAHASSEE FLORIDA	ij	
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2002		
City & State				City & State				4. FEI Number Applied For 75 - 2720721 Not Applicable		
Zip	Country			Zip Cour		itry ,	-5Certificate of Status Desired -\$8.75 Additional Fee Required			
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 Add	ress (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 re										
								g m, m m, m m same same same same same same same		
SIGNATURE	Signature, typed	or printed name of registered a	gent and title	f applicable.				DATÉ		
9. Capital Contributions as Shown on record. \$0.00 10. Amount of Capital in FLORIDA to date					te.	9.		11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION		
	A G NOTE:	ENERAL PARTNE General Partners	R THAT	IS A BUSINESS ENT T be changed on the	FITY M	UST BE RE	GISTE	ERED AND ACTIVE WITH THIS OFFICE. t must be filed to change a general partner.		
12. GENERAL PARTNER INFORMATION						13. ADDRESS CHANGES ONLY				
DOCUMENT # NAME STREET ADDRESS	COYOTE MANAGEMENT, INC.			50		ET ADDRESS		452.50-up		
CITY-ST-ZIP	ADDISON TX 75001				CITY-	ST-ZIP		88.75-RIM	CR2E003 (9/01)	
DOCUMENT # NAME	•				STREE	T ADDRESS		8.75 -Cest		
STREET ADDRESS CITY-ST-ZIP					City-	ST-ZIP	·			
DOCUMENT # NAME						T ADDRESS		5000059125059 06/21/02-01078-015		
STREET ADDRESS CITY-ST-ZIP	<b>I</b>					ST- ZIP	****550.00 ****550.00			
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DOCUMENT # NAME		STREE	T ADDRESS	n						
STREEY ADDRESS CITY-ST-ZIP					CITY-5	ST-ZIP				
<del> </del>					<b>4</b>					

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Date Description of the Printed Name of Signing General Partner