2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B0100000224 1. Entity Name AFG SERVICES, L.P.							; FILED	ì	AI AI
						02 MAY -3 PM 1: 14			
Principal Place of Business Mailing Address 2808 FAIRMOUNT. SUITE 250. LB-9 2808 FAIRMOUNT. SUITE 250 DALLAS TX 75201 DALLAS TX 75201					- 9	SECRETARY OF STATE TALLAHASSEE. FLORIDA			
Principal Place of Business Address Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.						DUE BY MAY 1, 2002			
City & State			City & State			4. FEI Number		√ Applied For Not Applica	
Zip	Country		Zip	Cour	ntry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address	s of Current Regi	stered Agent			7. Name and A	Address of New Registered	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD					Street Address	ss (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324					City	FL Zip Code			
8. The above	named entity submits this	statement for the	purpose of changing its	register	red office or registe	ered agent, or both			\dashv
SIGNATURE .	Signature, typed or printed name of	recistered agent and title	e if anglicable			· · · · · · · · · · · · · · · · · · ·	DATE		
9. Capital Co	ntributions \$3.000	0,000.00	T	ıl Contr <u>i</u>	ibutions		11. MAKE CHECK PAYABLI		
as Shown	on record.		in FLORIDA to da	ite. 3	B,000,000	JOO_ /	SEE REVERSE SIDE FO		
	NOTE: General Pa	artners MAY N	OT be changed on th				l to change a general par	rtner.	
12. DOCUMENT #	GENERAL PARTNER INFORMATION M01000001438				·		ADDRESS CHANGES ON	LY	- ≘
NAME STREET ADDRESS	AFG SERVICES GP, LLC 2808 FAIRMOUNT, SUITE 250, LB-9				EET ADDRESS				
CITY-ST-ZIP DOCUMENT #	DALLAS TX 75201			╁	EET ADDRESS				CR2E003 (9/01)
NAME STREET ADDRESS					/-ST-ZIP	5000055778752 			\dashv
CITY-ST-ZIP DOCUMENT#			· · · · · · · · · · · · · · · · · · ·	STRE	EET ADDRESS	-	**************************************	***************************************	· ; ,
NAME STREET ADDRESS CITY-ST-ZIP					r-ST-ZIP				_
DOCUMENT A	· · · · · · · · · · · · · · · · · · ·			STRE	EET ADDRESS	-			
NAME Street Address City-St-Zip				CITY	'-ST-ZIP			-	\dashv
DOCUMENT# NAME				STRE	EET ADDRESS				
STREET ADDRESS CITY-ST-ZIP				CHTY	'-ST-ZIP				\exists
DOCUMENT # NAME	-	-		STRE	EET ADDRESS			,	
STREET ADDRESS City-St-Zip				CITY	'-ST-ZIP				
14. I hereby of indicated the receiv	pertify that the information so on this report is true and a per or trustee empowered to	supplied with this accurate and that a construction execute this rep	filing does not qualify for my signature shall have the ox as required by Chapte	the exeme ne same er 620,	mption stated in See legal effect as if in Florida Statules	ection 119.07(3)(i), made under oath; t	Florida Statutes. I further cer hat I am a General Partner of	tify that the information the limited partnership	o or

GENERAL PARTNER OF MEMBER 4/30/02 (24) 720-9257