## 2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2007

## FILED Apr 30, 2007 08:00 AM Secretary of State

1. Entity Name AFG SERVICES, L.P.



Principal Place of Business

2808 FAIRMOUNT, SUITE 250, LB-9 DALLAS, TX 75201

Mailing Address

2808 FAIRMOUNT, SUITE 250, LB-9 DALLAS, TX 75201



## DO NOT WRITE IN THIS SPACE

	,	
4. FEI Number	Applied For	
75-2931492	Not Applicable	
	AA	

5. Certificate of Status Desired

04112007 No Cha-LP

\$8.75 Additional Fee Required

CR2E003 (12/06)

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its reions of registered agent.	rgistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	DATE
	FILE NOWIII FEE IS \$500.00 After May 1, 2007, Fee will be \$900.	
	A GENERAL PARTNER THAT IS A BUSINESS ENT NOTE: General Partners MAY NOT be changed on the	TY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. form; an amendment must be filed to change a general partner.
12,	GENERAL PARTNER INFORMATION	
DOCUMENT #	M01000001438	
NAME	AFG SERVICES GP, LLC	
STREET ADDRESS	2808 FAIRMOUNT, SUITE 250, LB-9	
CITY+ST-ZIP	DALLAS, TX 75201	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		
DOCUMENT #		
NAME		
STREET ADDRESS CITY-SY-ZIP		DO NOT WRITE
DOCUMENT A NAME STREET ADDRESS CHY-ST-ZIP		IN THIS SPACE
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NAME		r U00000746834
STREET ADDRESS CITY-S1-ZIP		05/17/07-80082-001 500.00
DOCUMENT /		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 4

STAPLE CHECK HERE

SCHATURE AND TYPED OR PRINTED NAME OF BIGNING CENERAL PARTNES

Daytime Phone #