2008 LIMITED PARTNERSHIP ANNUAL REPORT

FILED Apr 07, 2008 08:00 A Secretary of State Due By May 1, 2008 DOCUMENT # B01000000224 1. Entity Name AFG SERVICES, L.P. Principal Place of Business Mailing Address 2808 FAIRMOUNT, SUITE 250, LB-9 2808 FAIRMOUNT, SUITE 250, LB-9 DALLAS, TX 75201 DALLAS, TX 75201 03132008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-2931492 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00 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. GENERAL PARTNER INFORMATION 12. M01000001438 DOCUMENT # NAME AFG SERVICES GP, LLC U00000584144 04/17/08-80032-007 500.00 STREET ADDRESS 2808 FAIRMOUNT, SUITE 250, LB-9 CITY-ST-ZIP DALLAS, TX 75201 DOCUMENT # NAME STREET ADDRESS CiTY - ST - ZIP DOCUMENT (NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE **DOCUMENT** STREET ADDRESS CITY-ST-ZIP DOCUMENT

14. I hereby certify that the information supplied with this filling 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 related employed to execute this report as required by Chapter 620, Floring statutes

SIGNATURE:

NAME STREET ADDRESS CITY-S1-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP

Davime Phone #