

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

FILED


03 MAY -2 PM 7:50

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

DOCUMENT # B0100000224

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



DUE BY MAY 1, 2003

4. FEI Number 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. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **3,000,000.00**

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**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 | | 13. ADDRESS CHANGES ONLY | |
|---|---|-------------------------------|--|
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | MO1000001438 AFG SERVICES GP, LLC 2808 FAIRMOUNT, SUITE 250, LB-9 DALLAS, TX 75201 | STREET ADDRESS CITY-ST-ZIP | 60001 7910496 05/02/03--01099--003 **526.25 |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |
| DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP | | STREET ADDRESS CITY-ST-ZIP | |

STAPLE CHECK HERE

CRZE003 (10/02)

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: *Pattie Heath* *Pattie Heath* **4/30/03** **214-303**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #