

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B01000000252

1. Entity Name

UNITED LENDING PARTNERS, LP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 FEB 11 PM 2:03

Principal Place of Business

Mailing Address

~~8730 KING GEORGE, STE 101~~
~~DALLAS TX 75235~~

~~8730 KING GEORGE, STE 101~~
~~DALLAS TX 75235~~

1349 Empire Central
Dallas TX 75247

2. Principal Place of Business

3. Mailing Address

1349 Empire Central

←

Suite, Apt. #, etc.

Suite, Apt. #, etc.

12th Floor

City & State
Dallas TX

City & State

Zip
75247

Country
USA

Zip

Country

DUE BY MAY 1, 2002

4. FEI Number

75-2768350

Applied For

Not Applicable

5. Certificate 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 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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$0.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$0.00

11. MAKE CHECK PAYABLE TO 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 # M0100001602
NAME WOODCREST LLC
STREET ADDRESS 1750 REGAL ROW, STE 1010
CITY-ST-ZIP DALLAS TX 75235

STREET ADDRESS 1349 Empire Central
CITY-ST-ZIP Dallas TX 75247

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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)