## 2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

M. Scott Weare SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

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## FILED SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # B01000000449 1. Entity Name KELLER CROSSING TEXAS, LIMITED PARTNERSHIP 04 MAR 26 AM 8: 33 Principal Place of Business Mailing Address 3350 RIVERWOOD PARKWAY, SUITE 1500 3350 RIVERWOOD PARKWAY, SUITE 1500 ATLANTA GA 30339 ATLANTA GA 30339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E003 (11/03) City & State City & State Applied For 4. FEI Number 58-2542238 Not Applicable Zipe Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T-CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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. DATE 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$500,000.00 in FLORIDA to date. as Shown on record. 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. DOCUMENT A F01000003501 STREET ADDRESS BYT INSTITUTIONAL INVESTMENTS, INC. NAME 3350 RIVERWOOD PARKWAY, SUITE 1500 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ATLANTA GA 30339 F94000005616 DOCHMENT # STREET ADDRESS VUWB INVESTMENTS, INC. NAME STREET ADDRESS 17101 PRESTON ROAD, SUITE 230 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75248 DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CETY-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