2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B01000000449 **DOCUMENT #**

1. Entity Name KELLER CROSSING TEXAS, LIMITED PARTNERSHIP



FILED

03 APR 30 AM H: 03

Principal Place of Business 3350 RIVERWOOD PARKWAY, SUITE 1500 ATLANTA GA 30339		Mailing Address 3350 Riverwood Parkway. Suite 1500 Atlanta ga 30339		SECRETARY OF STATE TALLAHASSEE FLORIDA
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DUE BY MAY 1, 2003
City & State		City & State		4. FEI Number APPLIED FOR Applied For Not Applicable
Zip	Country	Zip ⁻	Country	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
O T CORPORATION OVOTEN			Name	· ·
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD		• • •	Street Addre	ess (P.O. Box Number is Not Acceptable)
PLANTATION FL 33324		·		
			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 Signature, typed or printed name of registered agent and title if applicable.				
9. Capital Contributions as Shown on record. \$500,000.00 10. Amount of Capital in FLORIDA to date				11. MÄKË 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. JUNE 13. ADDRESS CHANGES ONLY				
DOCUMENT #	F01000003501		STREET ADORESS	94,39,03 thou bid **325.25
NAME	BYT INSTITUTIONAL INVESTMENTS, INC. 3350 RIVERWOOD PARKWAY, SUITE 1500 ATLANTA GA 30339		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	000017589450 04/30/0301080013 **526.25
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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: .

SIAPLE CHECK HEND