

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

DOCUMENT # B02000000011

1. Entity Name
MICHAEL E. DYER FAMILY, LTD.



03 JAN 15 PM 12:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
925 N. BOWSER ROAD
RICHARDSON TX 75081

*Change of
address*

Mailing Address
P.O. BOX 740396
DALLAS TX 75374

2. Principal Place of Business
P.O. Box 740396
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 740396
Suite, Apt. #, etc.



DUE BY MAY 1, 2003

City & State
DALLAS TX
Zip
75374
Country

City & State
DALLAS TX
Zip
75374
Country
USA

4. FEI Number
75-2727234

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAKER, DAVID H
321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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

9. Capital Contributions
as Shown on record. \$1,800,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

DATE

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	STREET ADDRESS	CITY-ST-ZIP
	DYER, MICHAEL E TRUSTEE	P.O. BOX 740396	DALLAS TX 75374		
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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:

Signature
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER
Michael E Dyer

1/7/03

972 234 3631

2443
Daytime Phone #

CR2E003 (10/02)