2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

## FILED Mar 23, 2005 08:00 AM Secretary of State

DOCUMENT # B0200000323  1. Enlity Name SPECIALTY RETAILERS (TX) LP							Se	cretary of State
Principal Place of 1021 MAIN STRE HOUSTON, TX 7	ET, SUITE 1150	1	ailing Address 021 MAIN STREET, SI IOUSTON, TX 77002	JITE 11	50		`	
2. Principal Place	of Business	3.	3. Mailing Address					
Suite, Apt. #, etc			Suite, Apt. #, etc.			02282005	Chg-LP	CR2E003 (10/03)
City & State		City & State				4, FEI Number NOT APF	PLICABLE	Applied For Not Applicable
Zip	Country		Zip	Cour	ntry		f Status Desired	S8.75 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 (	s (P.O. Box Number is Not Acceptable)			
		.*			City			FL Zip Code
the obligations	of registered agent.						, in the State of Flo	orlda. I am familiar with, and accept
SIGNATORE -Sign	iture, typod or printed name of registered as	ent and tille	f applicable.	. 157. 5 ++	3 · ·			DATE
<ol><li>Capital Contrib</li></ol>	SIGNATURE Signature, typod or printed name of registered agent and title if applicable.  9. Capital Contributions as Shown on record. \$990.00  10. Amount of Capital in FLORIDA to day				butions		ş	990.00
}	A GENERAL PARTNEI NOTE: General Partners	R THAT MAY NO	IS A BUSINESS EN IT be changed on th	TITY M	IUST BE REGIST n: an amendmen	TERED AND AC	TIVE WITH TH	ilS OFFICE. eneral partner.
12.	GENERAL PART			13.		_	ADDRESS CHA	
1 1	M02000002594 SRI GENERAL PARTNER LLC				EET ADDRESS			
	1021 MAIN STREET, SUITE 1150 HOUSTON, TX 77002			CITY	-ST-ZIP	U00000273725		
DOCUMENT ≠ NAME				STR	EET ADDRESS		03/23/05-	80039-024 141.25
STREET ADDRESS  CITY-ST-ZIP			, nua ,	СПҮ	-ST-ZIP			
NAME STREET ADDRESS				STRE	ET ADDRESS			
CITY-ST-ZIP DOCUMENT				CITY	-ST-ZIP		<u>-</u>	
NAME STREET ADDRESS				1	ET ADDRESS			
CITY-ST-ZIP			· <u></u>	-	-ST-ZIP		·	
COTY-ST-ZIP  COMMENT #  NAME  STREET ADDRESS					ET ADDRESS   -ST-ZIP			
DOCUMENT #		<u> </u>	* <u>* * * * * * * * * * * * * * * * * * </u>	- -	EI ADORESS		· <u>-</u>	
STREET ADDRESS CITY-ST-ZIP					-ST-ZIP	<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·
14. I hereby certifindicated on the receiver of	is report is true and accurate a trustee employered to execute	nd that m this repo	y signature shall have t it as required by Chapt	he same er 620, l	e legal effect as if m Florida Statutes STASYSZEN ,	ade under oath; ti	Florida Statutes, hat I am a Genera  3-15-05	I further certify that the information at Partner of the limited partnership or (713) 667~5601