2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B02000000323 DOCUMENT

1. Entity Name

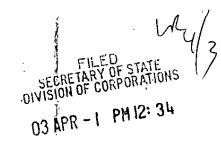
SPECIALTY RETAILERS (TX) LP



Principal Place of Business 1021 MAIN STREET, SUITE 1150 HOUSTON TX 77002

Mailing Address 1021 MAIN STREET, SUITE 1150

HOUSTON TX 77002





Principal Place of Business 3. Mailing Address													
2. Patticipal made of business				3. Wallerig Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				DUE BY MAY 1, 2003					
City & State				City & State				4. FEI Numbe	r		<u> </u>	opplied For lot Applicable	
Zip '	Country		Zi	Zip Co		ntry	y 5. Certi		of Status Desired		88.75 Ad		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM						Name Name						Ì	
1200 SOL				Street Address (P.O. Box Number is Not Acceptable)									
PLANTATION FL 33324													
						City	· <u> </u>				Zip Coo		
						<u></u>				FL	<u></u>		
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, typed or printed name of registered agent and title if applicable.										DATE			
					O. Amount of Capital Contributions in FLORIDA to date. \$99			0.00	11. MAKE CHEC SEE REVERS	K PAYABLE T SE SIDE FOR			
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.	13.	, an amen			ADDRESS CH								
DOCUMENT # M02000002594					STRE	ET ADDRESS				- -			
NAME SRI GENERAL PARTNER LLC STREET ADDRESS 1021 MAIN STREET, SUITE 1150					ł								
CITY-ST-ZIP HOUSTON TX 77002					CITY	-ST-ZIP							
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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 empowers to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

QURICHARD STASYSZEN, MGR

3-25-03

(713) 667-5601

Daytime Phone #