2008 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 12, 2008 **FILED DOCUMENT # B02000000336** Jul 14, 2008 08:00 AM B & M WEST CONSTRUCTION COMPANY OF TEXAS, **Secretary of State** LTD. Principal Place of Business Mailing Address 5224 KAL TEN BRUN P.O BOX 15156 FT. WORTH, TX 76119 FORT WORTH, TX 76119 07072008 No Chg-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 75-2803422 Not Applicable \$8,75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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 In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the FILE NOW!!! FEE IS \$500.00 Due by September 12, 2008 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. GENERAL PARTNER INFORMATION 12. DOCUMENT / U00000954716 U7/14/08-80013-801 900.00 DW SHOUPE, LLC NAME STREET ADDRESS 5224 KAL TEN BRUN CITY-ST-ZIP FORT WORTH, TX 76119 DOCUMENT # NAME STREET ADDRESS CHY-\$1-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-S1-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS CITY-S1-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

STAPLE

DOCUMENT # NAME STREET ADDRESS CHY-ST-ZIP