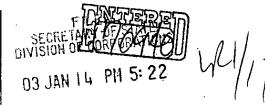
	.IMITED PARTNERSHI BUSINESS REPORT (
DOCUMENT # 1. Entity Name INTEGRACOLOR, LTD.	B0200000365	







6.	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	_
JICH WILL	
	Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions \$10,000.00 as Shown on record.

10. Amount of Capital Contributions 🔏 in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

DATE

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 # NAMÉ	M02000002943 HORT MANAGEMENT LLC	STREET ADORESS				
STREET ADDRESS CITY-ST-ZIP	3638 EXECUTIVE BLVD. MESQUITE TX 75149	CITY-ST-ZIP	500010082126			
DOCUMENT # NAME	,	STREET ADDRESS	01/14/03010/0005 **158.75			
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT #NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP				
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	·	CITY-ST-ZIP				
DOCUMENT # NAME		STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	·	CITY-ST-ZIP				

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 greate this proof as required by Chapter 620, Florida Statutes

SIGNATURE:

Date