


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # B03000000368</b> 1. Entity Name SCG, THE SELECT CARRIER GROUP, L.P.	
---	---

Principal Place of Business 15350 VICKERY DRIVE HOUSTON, TX 77032	Mailing Address 15350 VICKERY DRIVE HOUSTON, TX 77032
---	---

**DO NOT WRITE IN THIS SPACE**

FILED  
08 APR 25 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04102008 No Chg-LP CR2E003 (12/06)

4. FEI Number 87-0712696	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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	
DOCUMENT #	M03000003614
NAME	SELECT CARRIER GROUP, LLC
STREET ADDRESS	15350 VICKERY DRIVE
CITY-ST-ZIP	HOUSTON, TX 77032
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE: *Diana Obrien* 4/14/08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE



CORPORATION SERVICE COMPANY

1303000000368

RECEIVED  
08 APR 25 AM 8:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 542936 7516354

AUTHORIZATION :

COST LIMIT : \$ 500.00

*[Signature]*

ORDER DATE : April 24, 2008

ORDER TIME : 3:56 PM

ORDER NO. : 542936-020

CUSTOMER NO: 7516354

ANNUAL REPORT FILING

NAME: SCG, THE SELECT CARRIER GROUP,  
L.P.

FILED  
08 APR 25 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#2933

EXAMINER'S INITIALS:

*[Signature]*