

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

FILED

04 JUN 22 AM 9:28

TALLAHASSEE FLORIDA

MJH

DOCUMENT # B03000000399

1. Entity Name
ONE SOURCE FUNDING, LIMITED PARTNERSHIP



Principal Place of Business
**2929 BRIARPARK DRIVE
 SUITE 125
 HOUSTON, TX 77042**

Mailing Address
**2929 BRIARPARK DRIVE
 SUITE 125
 HOUSTON, TX 77042**

2. Principal Place of Business
995 Tamiami Trail

3. Mailing Address

Suite, Apt. #, etc.
Unit #B

Suite, Apt. #, etc.

06092004

Chg-LP

CR2E003 (10/03)

6/22

City & State
Port Charlotte, FL

City & State

4. FEI Number
20-0380775

Applied For
 Not Applicable

Zip Country
33953 USA

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 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 (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
 as Shown on record. **\$63,000.00**

10. Amount of Capital Contributions
 in FLORIDA to date. **\$63,000**

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 # **F03000005902**
 NAME **QHPC, INC.**
 STREET ADDRESS **10497 TOWN & COUNTRY WAY #810**
 CITY-ST-ZIP **HOUSTON, TX 77024**

STREET ADDRESS **2929 Briarpark #125**
 CITY-ST-ZIP **HOUSTON, TEXAS 77042**

DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP **700038769467
 07/06/04 01057-012 **526.25**

DOCUMENT #
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STREET ADDRESS
 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 execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

CLIFTON A. Crabtree
 CEO

6/9/2004 832-613-9301
 Date Daytime Phone #

STAPLE CHECK HERE