


500.00

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 6, 2006**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 AUG 18 AM 9:42

<b>DOCUMENT # B04000000048</b> 1. Entity Name TRISYN GROUP, L.P.	
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Principal Place of Business 105 DECKER CT IRVING, TX 75062	Mailing Address 105 DECKER CT IRVING, TX 75062
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**DO NOT WRITE IN THIS SPACE**

07202006 No Chg-LP CR2E003 (11/05)

4. FEI Number 51-0434279	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>6. Name and Address of Current Registered Agent</b>  NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331
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**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**  
**Due by September 6, 2006**

In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.

**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 #	F04000000730
NAME	TRISYN GROUP, INC.
STREET ADDRESS	105 DECKER CT
CITY-ST-ZIP	IRVING, TX 75062
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
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CITY-ST-ZIP	

9520-3-51-020  
JLH

**DO NOT WRITE IN THIS SPACE**

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08/22/06--01020--019--\*\*650.00

STAPLE CHECK HERE

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:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

Russell Fleischer CEO

89-06 214-492-5400