2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

SECRETARY OF STATE
DIVISION OF CORPORATIONS

	DOCUMENT # B0400000149							DIVISICIT	ارا بران بارا بران	UF STATE REORATIONS	
1.	Entity Name		0400000011						AH 9: 42		
65	ncipal Place 01 LEGACY ANO, TX 7			ailing Address 501 LEGACY DRIVE LANO, TX 75024			1)   2		NATEL (NEM ALAIA DENIM DE LEBE		
2.	Principal Place of Business 3. Mailing Address						- '				
-	Suite, Apt. #, etc.			Suite, Apt. #, etc.			04192005	Chg-LP	CR2E	003 (10/03)	
	City & State City & State				State			-279408	8	Applied For Not Applicable	
	Zip	Country		Zip Country		try	5. Certificate of Status Desired				
	6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Name	7. Name and Address of New Registered Agent				
12						Street Address (P.O. Box Number is Not Acceptable)					
						City			FI	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.										
SIC	GNATURE -	NATURE							DATE		
9.	Capital Contributions as Shown on record.  \$0.00  10. Amount of Capital Co in FLORIDA to date.					ributions					
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to cl									IS OFFIC	CE. artner.	
12					13.			ADDRESS CHA			
DOD	UMENT # 803281 E J.C. PENNEY CORPORATION, INC.				STRI	eet address					
STR	REET ADDRESS Y-ST-ZIP	6501 LEGACY PLANO, TX 75	DRIVE		СПТУ						
NA					STR	EET ADORESS	06/2:	00056 3/050104	47 1600	7337 N **52.50	
	reet address Y-ST-ZIP				CITY	/-ST-ZIP -			<del></del>	<b></b> -	
NA				STF		7 <b>.</b> 06/23	700056477337 06/23/0501046002 **\$8.75				
	reet address Ty+st+zip				CITY						
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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 partitive receiver or trustee employered to execute this report as required by Chapter 620, Florida Statutes											
, s	IGNAT	'URE: 🏰 🚶	GNATURE AND TYPED OR PRI	ITED NAME OF SIGNING GENER	D, R	THREAD	GILL	7(°26/0:	د ——	972431-2435 Dayume Phone #	