

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

DOCUMENT # B04000000383

1. Entity Name
KTTI NACO, LIMITED PARTNERSHIP



FILED

2005 MAY 13 P 2:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
3801 PARKWOOD BOULEVARD, SUITE 100
FRISCO, TX 75034

Mailing Address
P.O. BOX 2529
FRISCO, TX 75034

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
City & State

Zip
Country

Zip
Country

01042005 Chg-LP CR2E003 (10/03)

4. FEI Number
41-2146905

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

7. Name and Address of New Registered Agent

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

9. Capital Contributions as shown on record. \$1.00

10. Amount of Capital Contributions in FLORIDA to date. \$357,000

\$526.25 + \$1750.00

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M04000004839	STREET ADDRESS	
NAME	TRAILS GP, LLC	CITY-ST-ZIP	800054492048 05/13/05--01016--004 **2276.25
STREET ADDRESS	3801 PARKWOOD BLVD.,STE. 100	STREET ADDRESS	
CITY-ST-ZIP	FRISCO, TX 75034	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

\$526.25

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: Bryan D. Reed Bryan D. Reed, VP of Trails GP, LLC 4/28/05 214 418 7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE