


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## Due By September 7, 2005

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUL 18 AM 11:28

<b>DOCUMENT # B04000000561</b> 1. Entity Name IM SOLUTIONS-TEXAS, L.P.			
Principal Place of Business 1204 ORANGE ST. C/O THE CORPORATION TRUST COMPANY WILMINGTON, DE 19801		Mailing Address 1204 ORANGE ST. C/O THE CORPORATION TRUST COMPANY WILMINGTON, DE 19801	
2. Principal Place of Business 12140 WOODCREST EXEC. DR. Suite, Apt. #, etc. SUITE 300 City & State ST. LOUIS, MO Zip 63141		3. Mailing Address 12140 WOODCREST EXECUTIVE DR Suite, Apt. #, etc. SUITE 300 City & State ST. LOUIS, MO Zip 63141	
4. FEI Number 20-0465926		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		07082005 Chg-LP CR2E003 (10/03)	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$0.00		10. Amount of Capital Contributions in FLORIDA to date.	
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>			
12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F04000003117 INTELLIMARK INC. 12140 WOODCREST EXECUTIVE DR., SUITE 300 ST. LOUIS, MO 63141	STREET ADDRESS CITY-ST-ZIP	
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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 partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes			
SIGNATURE: <i>Trinity OB...</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		7-13-05 314-682-0048 <small>Date Daytime Phone #</small>	

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