

2007 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2007

DOCUMENT # B05000000553

1. Entity Name
AUSTIN BRIDGE & ROAD, LP



FILED

07 MAY 24 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
3535 TRAVIS STREET, SUITE 300
DALLAS, TX 75204

Mailing Address
~~3535 TRAVIS STREET, SUITE 300~~
~~DALLAS, TX 75204~~

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

ATTN: TAX DEPARTMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. BOX 1590

03282007

Chg-LP

CR2E003 (12/06)

City & State

City & State

DALLAS TX

4. FEI Number

75-2846900

Applied For

Not Applicable

Zip

Country

Zip

75221-1590

Country

USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2007, Fee will be \$900.00

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

DOCUMENT # F05000007585
NAME AUSTIN BRIDGE & ROAD, INC.
STREET ADDRESS 3535 TRAVIS STREET, SUITE 300
CITY-ST-ZIP DALLAS, TX 75204

13. ADDRESS CHANGES ONLY

STREET ADDRESS

500103636745

CITY-ST-ZIP

05/01/07 01005-024 **500.00

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

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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 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

ALAN STOKEM

4/26/07

Date

214-443-5380

Daytime Phone #

STAPLE CHECK HERE