2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY 22 PM 3:48

DOCUMENT # B06000000335

1. Entity Name
SHESHUNOFF MANAGEMENT SERVICES, L.P.

Principal Place of Business
1201 HAYS STREET
TALLAHASSEE, FL 32301

Mailing Address
1201 HAYS STREET
TALLAHASSEE, FL 32301

04162008 Chg-LP CR2E003 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2801 VIA FORTUNA		2801 VIA FORTUNA	
Suite, Apt. #, etc. STE. 600		Suite, Apt. #, etc. STE. 600	
City & State AUSTIN, TX		City & State AUSTIN, TX	
Zip 78746	Country TRAVIS	Zip 78746	Country TRAVIS

4. FEI Number ~~APPLIED FOR~~ 74-2931506 — 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

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.

FILE NOW!!! FEE IS $500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M06000005008	STREET ADDRESS	
NAME	MANAGING GENERAL PARTNER, LLC		
STREET ADDRESS	2801 VIA FORTUNE STE 600	CITY-ST-ZIP	
CITY-ST-ZIP	AUSTIN, TX 78746		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	000129698380 05/16/08--01045--010 **500.00
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CITY-ST-ZIP			

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] 512-703-1582
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #