2007 LIMITED PARTNERSHIP ANNUAL REPORT Due By September 14, 2007

	DOCUN 1. Entity Name T. TEXAS	3	# B0600000 LER, LP	0471			SELVETARY OF STATE OF			
	Principal Place of Business Mailing Address 609 INDUSTRIAL BLVD. GRAPEVINE, TX 76051 Mailing Address 609 INDUSTRIAL BLVD. GRAPEVINE, TX 76051						1 1721121 5631 6671	ê enn sen esin sen sen sen se	li Baill Bryr ibabl (1814) et 1841	
	. Principal Place of Business - No P.O. Box # 3. Mailing Address									
r	Suite, Apt. #, etc. City & State			Suite, Apt. #, etc.		07172007 Chg-LP CR2E003 (12/06)				
				City & State			4. PNDber	017719	Applied For Not Applicable	
	Zip	Country		Zip Country		itry	5. Certificate of Status Desired			
ŀ	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent Name				
	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					Street Address (P.O. Box Number is Not Acceptable)				
						City	FL Zip Code			
	3. 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, typed or printed name of registered agent and tide if applicable.							DAT	TE	
	FILE NOW!!! FEE IS \$500.00 Due by September 14, 2007							prior notice.	s. 607.193(2)(b), F.S., thip did not receive the	
	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.								FICE. partner.	
F	12.							ADDRESS CHANGES	ONLY	
	NAME STREET ADDRESS	BUTTON, TERRY 609 INDUSTRIAL BLVD.				EET ADORESS				
_	CITY-ST-ZIP	GRAPEVINE, TX 76051			CHTY	'-ST-ZIP	200106816642 			
	DOCUMENT / NAME STREET ADDRESS	BUTTON, 6		SIR	EET AODRESS			BLT		
-	CITY-ST-ZIP	GRAPEVINE, TX 76051			CiTy	/-ST-ZIP		***************************************		
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STAPLE	DOCUMENT / NAME				STA	LEET ADDRESS				
ļ	STREET ADDRESS CITY-SI-ZIP					Y-ST-ZIP				
	14. 1 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 eath; 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: Date AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Date Dayline Phone #										