


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 MAY -1 PM 12: 26

DOCUMENT # B07000000341
1. Entity Name
HW PICKETTVILLE, L.P.



Principal Place of Business: 5430 LBJ FREEWAY, STE. 800, DALLAS, TX 75240
Mailing Address: 5430 LBJ FREEWAY, STE. 800, DALLAS, TX 75240

2. Principal Place of Business - No P.O. Box #: Suite, Apt. #, etc.
3. Mailing Address: Suite, Apt. #, etc.

City & State: _____
Zip: _____ Country: _____



04172008 Chg-LP CR2E003 (12/06)

4. FEI Number: 26-1377901 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: _____, State: 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**

200128113398
05/01/08--01034--011 **500.00

**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 # | HW PICKETTVILLE GP, LLC | STREET ADDRESS | |
| NAME | 5430 LBJ FREEWAY, STE. 800 | CITY- ST- ZIP | |
| STREET ADDRESS | DALLAS, TX 75240 | | |
| CITY- ST- ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY- ST- ZIP | |
| STREET ADDRESS | | | |
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| NAME | | CITY- ST- ZIP | |
| STREET ADDRESS | | | |
| 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: Timothy E. Korman Date: 4/21/08 Daytime Phone #: (972) 201-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER