2000	UNIFORM BU	JSINESS R	EPORT	(UBF	R)		
DOCUI		00000001	9				
GARDEN CONFEDERATE POINT L.P. (LIMITED)					SECHTARY OF STATE DIVISION OF CORPORATIONS		
	で経会のアンデザー いぞ				00 ADD 00 AM 2: 05		
Principal Place of Business 3.4 Mailing Address 10670 N. CENTRAL EXPWY. STE 600 10670 N. CENTRAL EXPW DALLAS TX 75231 DALLAS TX 75231-2111				600) APR 20 AM 3: 0 - 	T/
Principal Place of Business 3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #,	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State	e	City & State	City & State		4. FEI Number	59-3151127	Applied For Not Applicable
Zip	Country	Zip	Cou	untry	5. Certificate of	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Cu	rrent Registered Agent		7. Name and Address of New Registered Agent Name			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				City FL Zip Code			
8. The above	named entity submits this statem						
·	Signature, typed or printed name of registered	40.0	(NOTE: Registe	red Agent signature required when reinstating) DATE Tibutions 1.00 (1.00 PPT. OF STATE			
as Shown on record. \$1,194,099,00 in FLORIDA to date					1,144,649.00 SEE REVERSE SIDE FOR FEE INFORMATION		
Arcio ik i	A GENERAL PARTN	IER THAT IS A BUSIN s MAY NOT be chang	JESS ENTITY I ged on the for	MUST BE I m; an ame	REGISTERED AND AG ndment must be filed	CTIVE WITH THIS OFFIC to change a general pa	E. rtner.
12명하게 대한다는 도쿄로 - 15- GENERAL PARTNER INFORMATION				3.		ADDRESS CHANGES ON	
DOCUMENT # NAME STREET ADDRESS CITY - ST- ZIP.	F98000004351 GARDEN NATIONAL REALTY, INC. 10670 N CENTRAL EXPWY, SUITE 600 DALLAS TX 75231			TREET ADDRESS		00003245	1434.
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DOCUMENT#			SI	TREET ADDRESS			

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

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP DOCUMENT #