

2002 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0017179
AT

DOCUMENT # **B92000000019**

1. Entity Name
GARDEN CONFEDERATE POINT L.P. (LIMITED)

02 APR 19 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**1800 VALLEY VIEW
DALLAS TX 75234**

Mailing Address
**1800 VALLEY VIEW
DALLAS TX 75234**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

4. FEI Number **59-3151127**
Applied For
Not Applicable

Zip Country

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. **\$1,194,699.00**

10. Amount of Capital Contributions in FLORIDA to date. **1,194,699.00**

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**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 # **F98000004351**
NAME **GARDEN NATIONAL REALTY, INC. EOK Holdings, Inc**
STREET ADDRESS **1800 VALLEY VIEW**
CITY-ST-ZIP **DALLAS TX 75234**
per amendment filed 4-9-02

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
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CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

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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

SIGNATURE: **Robert A. Waldman, Secretary** **4-2-02** **469 522-4200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/01)