

# **2005 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B93000000107

**FILED**  
**Apr 15, 2005**  
**Secretary of State**

**Entity Name:** RUG DOCTOR L.P., LIMITED PARTNERSHIP

**Current Principal Place of Business:**

4701 OLD SHEPARD PLACE  
PLANO, TX 75093

**New Principal Place of Business:**

**Current Mailing Address:**

4701 OLD SHEPARD PLACE  
PLANO, TX 75093

**New Mailing Address:**

**FEI Number:** 16-1323190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Capital Contributions as Shown on record:** 7,525.00

**Amount of Capital Contributions in Florida to date:** 7,525.00

**GENERAL PARTNER INFORMATION:**

Document #: F03000004890  
Name: RUG DOCTOR, INC.  
Address: 4701 OLD SHEPARD PLACE  
City-St-Zip: PLANO, TX 75093

**ADDRESS CHANGES ONLY:**

Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIM DAVIDIAN

REP

04/15/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date