


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 MAY -6 PM 12: 54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |                                   |   |  |   |  |
|---|-----------------------------------|---|--|---|--|
| <b>DOCUMENT # B93000000372</b><br>1. Entity Name<br>INTRACOASTAL A LIMITED PARTNERSHIP  |                                   |   |  |                |  |
| Principal Place of Business<br>600 E LAS COLINAS BLVD., STE. 400<br>IRVING, TX 75039  |                                   |   |  | Mailing Address<br>% LEGAL DEPT.<br>600 E. LAS COLINAS BLVD., SUITE 400<br>IRVING, TX 75039     |  |
| 2. Principal Place of Business  |                                   | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                   | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                   | City & State  |  | 4. FEI Number<br><b>13-3730411</b>  |  |
| Zip   |                                   | Country   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |
| 6. Name and Address of Current Registered Agent   |                                   |   |  | 7. Name and Address of New Registered Agent   |  |
| THE PRENTICE HALL CORPORATION SYSTEM, INC.<br>1201 HAYS ST.<br>STE. 105<br>TALLAHASSEE, FL 32301  |                                   |   |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                              |  |
| 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.   |                                   |   |  | DATE  |  |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable.</small>   |                                   |   |  |   |  |
| 9. Capital Contributions as Shown on record. <b>\$21,344,479.00</b>   |                                   | 10. Amount of Capital Contributions in FLORIDA to date. <b>\$1,000.00</b> |  |   |  |
| <b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b><br><b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>   |                                   |   |  |   |  |
| 12. GENERAL PARTNER INFORMATION   |                                   |   | 13. ADDRESS CHANGES ONLY                                 |   |  |
| DOCUMENT #  | F96000003212                      |   | STREET ADDRESS   |   |  |
| NAME  | NEW INTRACOASTAL A CORP.          |   | CITY - ST - ZIP  |   |  |
| STREET ADDRESS  | 600 E LAS COLINAS BLVD., STE. 400 |   |  |   |  |
| CITY - ST - ZIP   | IRVING, TX 75039                  |   |  |   |  |
| DOCUMENT #  |                                   |   | STREET ADDRESS   |   |  |
| NAME  |                                   |   | CITY - ST - ZIP  |   |  |
| STREET ADDRESS  |                                   |   |  |   |  |
| CITY - ST - ZIP   |                                   |   |  |   |  |
| DOCUMENT #  |                                   |   | STREET ADDRESS   |   |  |
| NAME  |                                   |   | CITY - ST - ZIP  |   |  |
| STREET ADDRESS  |                                   |   |  |   |  |
| CITY - ST - ZIP   |                                   |   |  |   |  |
| DOCUMENT #  |                                   |   | STREET ADDRESS   |   |  |
| NAME  |                                   |   | CITY - ST - ZIP  |   |  |
| STREET ADDRESS  |                                   |   |  |   |  |
| CITY - ST - ZIP   |                                   |   |  |   |  |
| DOCUMENT #  |                                   |   | STREET ADDRESS   |   |  |
| NAME  |                                   |   | CITY - ST - ZIP  |   |  |
| STREET ADDRESS  |                                   |   |  |   |  |
| CITY - ST - ZIP   |                                   |   |  |   |  |
| 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: <i>Don K. Barger</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>  |                                   |   | Vice President of General Partner<br><small>Date</small> |   |  |
|   |                                   |   | <small>Daytime Phone #</small>                           |   |  |



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FL

Zip Code

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