

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B93000000380

1. Entity Name

SOPOCO LIMITED PARTNERSHIP

Principal Place of Business

~~C/O GOLDMAN SACHS & CO.~~  
~~100 CRESCENT COURT, SUITE 1000~~  
~~DALLAS TX 75201~~

Mailing Address

C/O ARCHON GROUP, LEGAL DEPT.  
600 E. LAS COLINAS BLVD., SUITE 400  
IRVING TX 75039

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

600 E Las Colinas Blvd

3. Mailing Address

Suite, Apt. #, etc.

Suite 400

Suite, Apt. #, etc.

City & State

Irving, TX

Zip

75039

Country

USA

Zip

Country

DUE BY SEPTEMBER 26, 2001

4. FEI Number

13-3730453

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

\$5,289,932.00

10. Amount of Capital Contributions  
in FLORIDA to date.

3,781,566

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

DOCUMENT # F96000001309  
NAME NEW SOPOCO CORP.  
STREET ADDRESS 100 CRESCENT COURT, SUITE 1000  
CITY-ST-ZIP DALLAS TX 75201

13. ADDRESS CHANGES ONLY

STREET ADDRESS 600 E Las Colinas Blvd, Suite 400  
CITY-ST-ZIP Irving, TX 75039

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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:

SIGNATURE REQUIRED

Assistant Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER OF the General Partner

Daytime Phone #

0002222 AB

CR2E003 (5/01)

STAPLE CHECK HERE