


2005 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2005

FILED

2005 MAY -6 PM 12: 54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B93000000380			
1. Entity Name SOPOCO LIMITED PARTNERSHIP			
Principal Place of Business 600 E LAS COLINAS BLVD., STE. 400 IRVING, TX 75039		Mailing Address C/O ARCHON GROUP, LEGAL DEPT. 600 E. LAS COLINAS BLVD., #400 IRVING, TX 75039	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. Capital Contributions as Shown on record. \$5,289,932.00		10. Amount of Capital Contributions in FLORIDA to date. \$1,000.00	
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 #	F96000001309	STREET ADDRESS	
NAME	NEW SOPOCO 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	
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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: <u>R. K. Banger</u>		Vice President of General Partner	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	



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4. FEI Number 13-3730453
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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