## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNI IAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1998	Secretary of State DIVISION OF CORPORATIONS		DIVISION OF COR	DIVISION OF CORPORATIONS	
1. Name of Limited Partnership	1a. DOCUMENT # B9400000144			97 DEC - 1 AM 11: 20	
SOWAMCO VIII, LTD.				<u> </u>	
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 8216 6400 IMPERIAL DRIVE WACO TX 76714 WACO TX 76714			04/13/1994 3a. Date of Last Report	\$0.00	
			04/09/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address 6400 Imperial Drive		4. State or Country of Formation  TX	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FLI Number 74-2694938	Applied For Not Applicable	
City & State	City & State  Vaco T	χ	7. Certificate of Status Desired	\$8.75 Additional for Required	
Zip Country	70012	Country USYA	8. Make check payable to: Dept.	of State (See reverse side for fee information)	
9. Name and Address of Cui	rrent Registered Agent		10. If changed, new Registe	red Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
		City		FL 7p Code	
10a. Pursuant to the provisions of sections 620, 105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligs SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAM	o or registered agent, or both, in the State stions of section 620-192, Florida Statutes.  AT IS A CORPORATIO JST BE REGISTERED	N, LIMITED PA	as authorized by its general partner(s). I h	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each C	General Partner (fice Box Numbers)	<b>b.</b> City, State & Zip Code	11c. Registration/ Document Number	
SOWAMCO VIII OF TEXAS, INC.	6400 IMPERIAL DRIVE		WACO TX 76714	F9400001890	
			-12/04	:9696096 4/9701112024 	
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12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any hability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE .

11/20197

Daytime Telephone Number (254) 751- 1750