


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

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<b>LIMITED PARTNERSHIP ANNUAL REPORT 1998</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
1. Name of Limited Partnership <b>SOV FLORIDA L.P., LTD.</b>		1a. DOCUMENT # <b>B94000000332</b>	
Mailing Address <b>2001 ROSS AVENUE SUITE 3210 DALLAS TX 75201</b>		Principal Office Address <b>2001 ROSS AVENUE SUITE 3210 DALLAS TX 75201</b>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered <b>08/15/1994</b>		5a. Capital Contributions as Shown on record. <b>\$2,500,000.00</b>	
3a. Date of Last Report <b>04/21/1997</b>		5b. Amount of Capital Contributions in FLORIDA to date: <b>470,365</b>	
4. State or Country of Formation <b>TX</b>		6. FEI Number <b>75-2541929</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) \_\_\_\_\_ DATE \_\_\_\_\_

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>TH EQUITIES, INC. (FORMERLY TH PARKWAY EQUITIES, INC.)</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>2001 ROSS AVENUE, SUI</b>	11b. City, State & Zip Code <b>DALLAS TX 75201</b>	11c. Registration/Document Number <b>F94000004246</b>
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**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

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 liability 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 oath. 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 Thomas B. Burleson Vice President DATE 12-30-97  
BY: TH EQUITIES, INC., GENERAL PARTNER; BY: THOMAS BURLESON, VP  
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number 214-863-3654

CR2E003 (6/97)

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**SOV FLORIDA, L.P.**  
**2001 Ross Avenue, Suite 3210**  
**Dallas, Texas 75201**

May 6, 1998

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314-6327

Via: Certified Mail Z137672303

RE: 1998 Limited Partnership Annual Report  
SOV Florida, LP  
FEI 75-2541929

Dear Sir:

Enclosed is a copy of the transmittal letter, a copy of check #6780 for \$550.00, and a copy of the 1998 Limited Partnership Annual Report for SOV Florida, L.P. which was originally mailed to you on December 31, 1997 via certified mail Z046632602. Also enclosed is a copy of the envelope the return was mailed in and the certified mail return receipt, which indicates a January 6, 1998 date of delivery, and is signed by Terry Raines. ✓

Apparently the return was lost after receipt. Check #6780 has not been cashed. I am enclosing check #7114 in the amount of \$550.00 as a replacement. I request that the partnership be reinstated since the return was filed by December 31, 1997 and received by your office on January 6, 1998. ✓

If you have any questions, please call me at (214) 863-3654. Thank you for your assistance in this matter. ✓

Sincerely,



Lillian E. Simerly  
Assistant Controller

Enclosures

3

<b>SENDER:</b> <ul style="list-style-type: none"><li>• Complete items 1 and/or 2 for additional services.</li><li>• Complete items 3, and 4a &amp; b.</li><li>• Print your name and address on the reverse of this form so that we can return this card to you.</li><li>• Attach this form to the front of the mailpiece, or on the back if space does not permit.</li><li>• Write "Return Receipt Requested" on the mailpiece below the article number.</li><li>• The Return Receipt will show to whom the article was delivered and the date delivered.</li></ul>		<b>It also wish to receive the following services (for an extra fee):</b> <ul style="list-style-type: none"><li>1. <input checked="" type="checkbox"/> Addressee's Address</li><li>2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.</li></ul>	
3. Article Addressed to: <b>REGISTRATION SECTION DIVISION OF CORPORATIONS P.O. BOX 6327 TALLAHASSEE, FL 32314-6327</b>		4a. Article Number <b>2 046 632 602</b>	
		4b. Service Type <ul style="list-style-type: none"><li><input type="checkbox"/> Registered</li><li><input checked="" type="checkbox"/> Certified</li><li><input type="checkbox"/> Express Mail</li><li><input type="checkbox"/> Insured</li><li><input type="checkbox"/> COD</li><li><input type="checkbox"/> Return Receipt for Merchandise</li></ul>	
5. Signature (Addressee)		7. Date of Delivery <b>JAN 06 1998</b>	
6. Signature (Agent) <b>A Jerry Rainer</b>		8. Addressee's Address (Only if requested and fee is paid)	

PS Form 3811, December 1991 U.S. GPO: 1992-323-402 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service