2005 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2005

STAPLE CHECK HERE

" HILLU SECRETARY OF STATE VISION OF CORPORATIONS

DOCUMENT # B9400000332  1. Entity Name SOV FLORIDA L.P., LTD.							AM 8: 16	
Principal Place of Business 2100 MCKINNEY AVENUE, SUITE 700 DALLAS, TX 75201  Mailing Address 2100 MCKINNEY AVENUE DALLAS, TX 75201  Mailing Address DALLAS, TX 75201				TE 700		BIII B) BY BBIII BTIII BY	THE BANK BANK BANDA KEBA KKIB MEJAK BI KADI	
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01062005	Chg-LP	CR2E003 (10/03)		
City & State		City & State		4. FEI Number 75-2541		Applied For Not Applicable		
Zip	Country	Zip	Cour	atry	·	f Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)				
				City	FL Zip Code			
The above named entity submits this statement for the purpose of changing its required the obligations of registered agent.				pistered office or registered agent, or both, in the State of Florida. I am familiar with, and accept				
SIGNATURE								
Signature, typed or printed name of registered agent and title if applicable.  9. Capital Contributions 10. Amount of Capital Contributions								
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 / F9400004246 NAME TH EQUITIES, INC.			STR	EET ADDRESS				
STREET ADDRESS 2100 MCKINNEY AVE., SUITE 700 CITY-SI-ZIP DALLAS, TX 75201			CITY	'-ST-ZIP				
DOCUMENT #				EET ADDRESS	04/07/0501012012 **526.25			
STREET ADDRESS CITY-ST-ZIP			CITY	- ST-ZIP				
DOCUMENT /			STRI	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP			СІТУ	-ST-ZIP				
DOCUMENT #			STRI	EET ADDRESS				
NAME STREET ADDRESS CITY-ST-ZIP			CITY	'-ST-ZIP				
DOCUMENT # NAME				EET ADDRESS				
STREET ADDRESS  CITY-SI-ZIP			CITY	Y-ST-ZIP				
DOCUMENT #			STR	EET ADDRESS	<del></del>			
NAME  *GTREET ADDRESS  CITY-ST-ZIP	TREET ADDRESS							
14. hereby certify that the information supplied with this filling 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 trusted enhowered to execute his report as required by Chapter 620, Florida Statutes  1.50V Florida 1.2-1.								
SIGNATURE  Ronald S. Brown, Vice-President 3-28-05 214-661-8000								

Ronald S. Brown, Vice-President 3-28-05
SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING GENERAL PARTNER OF G.P. Date