CR2E003 (10/02)

21**4-**661-8000

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

B94000000332 **DOCUMENT #**

By: TH Equities

SIGNATURE:



FILED SOV FLORIDA L.P., LTD. 2003 APR - 1 AM IO: 22 DIVIDION OF CORPORATIONS Principal Place of Business 2100 MCKINNEY AVENUE, SUITE 700 Mailing Address 2100 MCKINNEY AVENUE, SUITE 700 TALLAHASSEE, FLORIDA DALLAS TX 75201 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** 4. FEI Number 75-2541929 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE 9. Capital Contributions 10. Amount of Capital Contributions \$2,500,000.00 as Shown on record. in FLORIDA to date. 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 ADDRESS CHANGES ONLY F94000004246 DOCUMENT # STREET ADDRESS TH EQUITIES, INC. NAME 2100 MCKINNEY AVE., SUITE 700 STREET ADDRESS CITY-ST-ZIP DALLAS TX 75201 CITY-ST-ZIP 600015032206 DOCUMENT # STREET ADDRESS 04/01/03--01058---015 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DOCUMENT** ✓ STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 poor as required by Chapter 620, Florida Statutes

MOREGUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Vice President