APPLICATION FOR [illegible] FLORIDA DEPARTMENT OF STATE

B95000000313

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # B95000000313

DO NOT WRITE IN THIS SPACE

1. Name of Limited Partnership
HAYGOOD LIMITED PARTNERSHIP

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
1100 N. UNIVERSITY	1100 N. UNIVERSITY	8/9/91
Suite, Apt. #, etc.: STE 1	Suite, Apt. #, etc.: STE 1	5. FEI Number: 71-0709556 ☐ Applied For ☐ Not Applicable
City & State: LITTLE ROCK, AR	City & State: LITTLE ROCK, AR	6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status
Zip: 72207 Country: PULASKI	Zip: 72207 Country: PULASKI	7. State or Country of Formation

8a. Capital Contributions as Shown on Record: 20,000

8b. Amount of Capital Contributions in FLORIDA to date: 20,000

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50, for each year due this office.
2.) Supplemental Fee(s): $103.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent.
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324

10. If changed, new registered agent/office

Name: 600002153916--2
04/24/97--01038--002
***1487.50 ***1487.50

Street Address (P.O. Box Number Is Not Acceptable):

Suite, Apt. #, etc.:

City: FL Zip Code:

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 THE DIVISION.

REINSTATEMENT 96-97 AR 4-22

11. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	Registration or Document Number
DAWSON CAPITAL CORP.	1100 N. UNIVERSITY, STE 1	LITTLE ROCK AR 72207	P35180
HAYGOOD, INC	1100 N. UNIVERSITY STE 1	LITTLE ROCK AR 72207	F95000004196 (0)
CORAL THREE CORPORATION	111 CENTER ST STEPHENS BLDG	LITTLE ROCK, AR 72201	F95000004197

CR2E039 (1/97)

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 _____ DATE 4/14/97

Typed or Printed Name of General Partner Signing Form: JOHNNY R. PONDER Telephone Number: (501) 280-3202