2001 UNIFORM BUSINESS REPORT (UBR)

00152900 AF

DOCUMENT # B95000000381

1. Entity Name

NLP COVERED BRIDGE NATIONAL ASSOCIATES, L.P., LT

FILED

01 MAR 15 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
10670 N. CENTRAL EXPRESSWAY. SUITE 600 DALLAS TX 75231	10670 N. CENTRAL EXPRESSWAY. SUITE 600 DALLAS TX 75231

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1800 Valley View	1800 Valley View
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dallas, TX	City & State: DAllas, TX
Zip: 75234 Country: DAllas	Zip: 757234 Country: Dallas

4. FEI Number: 75-2618230 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$1,000.00	$1,000.00	

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 #	F95000005235	STREET ADDRESS	1800 Valley View
NAME	COVERED BRIDGE NLP, INC.	CITY-ST-ZIP	Dallas, TX 75234
STREET ADDRESS	10670 N. CENTRAL EXPRESSWAY, SUITE 600		
CITY-ST-ZIP	DALLAS TX 75231		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	800003888118--3
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

CR2E003 (11/00)

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 report as required by Chapter 620, Florida Statutes.

Robert A. Waldman, Secretary

SIGNATURE: SIGNATURE REQUIRED Covered BRidge NLP, Inc. 2/28/01 469-522-4200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #