

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 OCT -9 PM 4:35

1. Name of Limited Partnership

1a. DOCUMENT #  
B96000000273

FRONTIER II PROPERTIES LIMITED PARTNERSHIP



Mailing Address

Principal Office Address

3500 TRAMMELL CROW CENTER  
2001 ROSS AVENUE  
DALLAS TX 75201

8201 PRESTON ROAD, SUITE 300  
DALLAS TX 75225

3. Date Formed or Registered

07/15/1996

5a. Capital Contributions as  
Shown on record.

\$12,216,600.00

3a. Date of Last Report

10/15/1997

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

4. State or Country of Formation

TX

2. Mailing Address

2a. Principal Office Address

8201 Preston Road

Suite, Apt. #, etc.

Suite 300

City & State

Dallas, TX

Zip Country

75225 USA

6. FEI Number

75-2414930

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office

Name

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 THIS OFFICE.**

11. Name(s) of General Partner(s)

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration/  
Document Number

FRONTIER HOLDINGS, L.L.C.

8201 PRESTON ROAD, SU

DALLAS TX 75225

M98000000254

*mk 10/9/98*

700002600077-0

**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 *Charles R. Latham*

DATE

9.30.98

Typed or Printed Name of General Partner Signing Form

**Charles R. Latham**

Daytime Telephone Number

214.692.4300

CR2E003 (8/98)



THE UNITED STATES CORPORATION COMPANY

B96000000273

ACCOUNT NO. : 072100000032

REFERENCE : 989332 7131531

AUTHORIZATION :

Patricia Pizote

COST LIMIT : \$ 526.25

ORDER DATE : October 8, 1998

ORDER TIME : 9:29 AM

ORDER NO. : 989332-010

CUSTOMER NO: 7131531

CUSTOMER: Ms. Elise M. Turner  
Bluebonnet Consulting, Inc.  
9619 Meadowhill Drive

Dallas, TX 75238

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98 OCT -8 PM 4: 35

ANNUAL REPORT FILING

NAME: FRONTIER II PROPERTIES  
LIMITED PARTNERSHIP

RECEIVED  
98 OCT -9 AM 9: 54  
DIVISION OF CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

BK  
10/9/98

CONTACT PERSON: CHRIS SMITH

EXAMINER'S INITIALS: \_\_\_\_\_

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