

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000435

1. Entity Name

WEEKLEY HOMES, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 24 AM 9:56

Principal Place of Business
C/O THE CORPORATION TRUST CO.
1209 ORANGE STREET
WILMINGTON DE 19801

Mailing Address
1300 POST OAK BLVD., SUITE 1000
HOUSTON TX 77056-3097



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
1111 N POST OAK ROAD
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

MJH

City & State
HOUSTON TX

Zip
77055

Country

4. FEI Number
76-0519106

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
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. \$247.50

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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			13. ADDRESS CHANGES ONLY		
DOCUMENT #	F96000006038	STREET ADDRESS	1111 N. Post Oak Road		
NAME	DM WEEKLEY, INC.	CITY - ST - ZIP	HOUSTON, TX 77055		
STREET ADDRESS	1300 POST OAK BLVD.				
CITY - ST - ZIP	HOUSTON TX 77056				
DOCUMENT #	F96000005984	STREET ADDRESS	1111 N. Post Oak Road		
NAME	RW WEEKLEY, INC.	CITY - ST - ZIP	HOUSTON, TX 77055		
STREET ADDRESS	1300 POST OAK BLVD.				
CITY - ST - ZIP	HOUSTON TX 77056				
DOCUMENT #		STREET ADDRESS			
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STREET ADDRESS					
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 report as required by Chapter 620, Florida Statutes

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

CR2E003 (9/99)