2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B96000000435

1. Entity Name

WEEKLEY HOMES, L.P.

Principal Place of Business	Mailing Address
C/O THE CORPORATION TRUST CO.	1111 N POST OAK ROAD
1209 ORANGE STREET	HOUSTON TX 77055
WILMINGTON DE 19801	

2. Principal Place of Business

1111 N Post Oak Road

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State: Houston, TX

City & State:

4. FEI Number: 76-0519106 — Applied For / Not Applicable

Zip: 77055 Country: USA

Zip: Country:

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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301

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 _____
Signature, typed or printed name of registered agent and title if applicable.

DATE

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 NAME DM WEEKLEY, INC. STREET ADDRESS 1111 N. POST OAK RD. CITY-ST-ZIP HOUSTON TX 77055	STREET ADDRESS CITY-ST-ZIP
DOCUMENT # F96000005984 NAME RW WEEKLEY, INC. STREET ADDRESS 1111 N. POST OAK RD. CITY-ST-ZIP HOUSTON TX 77055	STREET ADDRESS 900005609589 7 -05/24/02--01020--022 ****150.00 ****150.00 CITY-ST-ZIP
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DOCUMENT # NAME STREET ADDRESS ST-ZIP	STREET ADDRESS CITY-ST-ZIP

STAPLE CHECK HERE

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date: 4-19-02   Daytime Phone #: 713-963-0500