

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership

1a. DOCUMENT #
B97000000046

FALCON TRACE PARTNERS LIMITED PARTNERSHIP

Mailing Address

6151 SAN FELIPE, SUITE 1445
HOUSTON TX 77056

Principal Office Address

5151 SAN FELIPE, SUITE 1445
HOUSTON TX 77056

3. Date Formed or Registered

01/27/1997

5a. Capital Contributions as
Shown on record

\$3,450,727.75

3a. Date of Last Report

N/A

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

3,514,136.99

4. State or Country of Formation

DE

6. FEI Number

76-0524154

☐ 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)

2. Mailing Address

2601 SOUTH BAYSHORE DRIVE
Suite, Apt. #, etc.

2a. Principal Office Address

2601 SOUTH BAYSHORE DRIVE
Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33133-5461

Zip

33133-5461

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

FALCON TRACE-CYPRESS LIMITED

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

5151 SAN FELIPE, SUIT
1800 WEST LOOP SOUTH,
SUITE 850

11b. City, State & Zip Code

HOUSTON TX 77056

11c. Registration/
Document Number

B97000000043

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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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

12/18/97
(713)622-7270

CP2E003 (6/97)