2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B97000000046

1. Entity Name
FALCON TRACE PARTNERS LIMITED PARTNERSHIP

FILED
00 MAY -8 PM 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
2601 S. BAYSHORE DRIVE MIAMI, FL 33133-6461	2601 S. BAYSHORE DRIVE MIAMI, FL 33133-6461

2. Principal Place of Business	3. Mailing Address
1800 WEST LOOP SOUTH	1800 WEST LOOP SOUTH
Suite, Apt. #, etc. SUITE 850	Suite, Apt. #, etc. SUITE 850
City & State HOUSTON TX	City & State HOUSTON TX
Zip 77027 Country USA	Zip 77027 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0524154 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 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 ______
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 3,807,712

10. Amount of Capital Contributions in FLORIDA to date. 3,807,712

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 #	B97000000043	STREET ADDRESS	
NAME	FALCON TRACE CYPRESS LIMITED		
STREET ADDRESS	1800 WEST LOOP SOUTH, SUITE 850	CITY-ST-ZIP	
CITY-ST-ZIP	HOUSTON, TX 77027		
DOCUMENT #		STREET ADDRESS	
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CR2E003 (9/99)

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] STEPHEN T CLARK 4/10/00 713-622-7270
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #