

2002 UNIFORM BUSINESS REPORT (UBR)

0020209 AB

DOCUMENT # B97000000051

1. Entity Name

ARCHON RESIDENTIAL MANAGEMENT, L.P.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 JUN 27 AM 10:35

W 4/28

Principal Place of Business

600 LAS COLINAS BLVD., SUITE 400
IRVING TX 75039

Mailing Address

600 LAS COLINAS BLVD., SUITE 400
IRVING TX 75039



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY MAY 1, 2002

4. FEI Number

75-2687822

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

DATE

9. Capital Contributions
as Shown on record.

\$500,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$500,000.

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 # F97000000500
NAME ARCHON RESIDENTIAL MANAGEMENT GEN-PAR, INC
STREET ADDRESS 600 LAS COLINAS BLVD., SUITE 400
CITY-ST-ZIP IRVING TX 75039

STREET ADDRESS

CITY-ST-ZIP

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FF \$526.25

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06/27/02-01003-019
14277.50 *526.25

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 AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Assistant Secretary

Date

Daytime Phone #

4-18-02

CR2E003 (9/01)